

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # P02000031315

1. Corporation Name

RITA FINCHER, PA

Principal Place of Business

1891 BEACH AVE.
ATLANTIC BEACH FL 32233

Mailing Address

1891 BEACH AVE.
ATLANTIC BEACH FL 32233

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2002

5. FEI Number

30-0056080

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FINCHER, RITA R	1891 BEACH AVE	ATLANTIC BEACH FL 32233

8. Name and Address of Current Registered Agent

FINCHER, RITA R
1891 BEACH AVE
ATLANTIC BEACH FL 32233

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Rita R. Fincher

REGISTERED AGENT MUST SIGN

Date

11/18/2003

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Rita R. Fincher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/2003

Daytime Phone #

984 608-9550

CR2ED40 (7/03)

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Rita Fincher, PA
1891 Beach Avenue
Atlantic Beach, FL 32233

November 18, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

Attention Review Board:

I did not receive a filing status removal notice for the year 2003. I ask the review board to waive the reinstatement fee for late filing for Rita Fincher, PA.

Enclosed is a check for \$158.75 to cover the cost of the 2003 filing report. Thank you for your prompt attention in this matter.

Sincerely,


Rita Fincher
President