

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 16 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032723

1. Corporation Name

JAMES R. NEIPRIS, P.A.

Principal Place of Business

4311 NW 97 AVE  
SUNRISE FL 33351

Mailing Address

4311 NW 97 AVE  
SUNRISE FL 33351

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/26/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

030411203

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	NEIPRIS, JAMES R	4311 NW 97 AVE	SUNRISE FL 33351

000023857480

10/16/03--01059--012 \*\*158.75

10/10/20

8. Name and Address of Current Registered Agent

NEIPRIS, JAMES R  
4311 NW 97 AVE  
SUNRISE FL 33351

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

*James R. Nepris*  
REGISTERED AGENT MUST SIGN

Date

10-13-03

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.

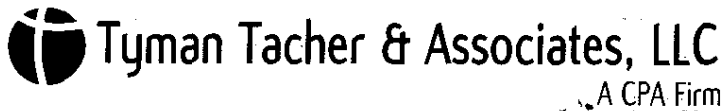
SIGNATURE:

*James R. Nepris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #



October 13, 2003

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

Re: James R Neipris, PA  
Doc#: P02000032723

To Whom It May Concern:

It has recently come to our attention that James R Neipris, PA has been administratively dissolved due to the non-filing of the Corporate Annual Report (UBR) for the year 2003. Please be advised that neither the corporation nor the registered agent received the forms in order to file them in a timely fashion. In addition it was the first time the corporation had to file the report and since the owner never got the report, he was unaware of such a filing.

Enclosed is a form for reinstatement along with a check for \$150. We respectfully request that you reinstate the corporation and abate any penalties due to reasonable cause. The corporation is a small business and cannot afford the penalties.

If you have any additional questions, please do not hesitate to call me at the numbers below.

Sincerely,

  
Steven J. Tyman  
Certified Public Accountant