

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 PM 3:06

DOCUMENT # PO2000035831

1. Corporation Name

Ginger Lundstrom, P.A.

2. Principal Office Address

4625 Southwinds Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Same

Zip

32550

Country

Walton

Zip

Same

Country

Walton

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/02/02

5. FEI Number

030470277

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mary K. Kraemer

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

35 Clayton Lane

Suite, Apt. #, Etc.

None

City

Santa Rosa Beach

State

FL

Zip Code

32459

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mary K. Kraemer
REGISTERED AGENT MUST SIGN

Date

2/7/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D.</u>	<u>Ginger Lundstrom</u>	<u>4625 Southwinds Dr.</u>	<u>Destin, FL 32550</u>

10. 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:

Ginger Lundstrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05
Date

850-650-2186
Daytime Phone #

CR2E081 (01/05)