

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 17 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038314

1. Corporation Name

LORI STEPHENS, P.A.

REINSTATEMENT 04

2. Principal Office Address

13046 BRIANS Creek Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

13046 BRIANS Creek Dr.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32224

Country

USA

City & State

JACKSONVILLE, FLORIDA

Zip

32224

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

04/09/2002

5. FEI Number

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

LORI STEPHENS

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

13046 BRIANS Creek Drive

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32224

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

Lori Stephens
REGISTERED AGENT MUST SIGN

Date

11-12-2004

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
D/HTS	LORI STEPHENS	13046 BRIANS Creek Drive	JACKSONVILLE, Florida 32224

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Stephens / LORI STEPHENS President 11-12-2004 379-4376
Date Daytime Phone #

CR2ED81 (01/04)