

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 27 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038553

1. Corporation Name

MARTY REMILLARD, P.A.

Principal Place of Business

350 S. INDIANA AVENUE
ENGLEWOOD FL 34223

Mailing Address

350 S. INDIANA AVENUE
ENGLEWOOD FL 34223

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

2. New Principal Office Address, If Applicable

356 So. INDIANA AVE
Suite, Apt. #, etc.
Englewood Florida
City & State

3. New Mailing Office Address, If Applicable

249 Sportsman RD
Suite, Apt. #, etc.
Rotonda West FL
City & State

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

Zip # 34223

Country USA

Zip 33947

Country

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
D	REMILLARD, MARTIN E	249 SPORTMAN ROAD	ROTUNDA WEST FL 33947
			Rotonda West FL 33947

8. Name and Address of Current Registered Agent

REMILLARD, MARTIN E
350 S. INDIANA AVENUE
ENGLEWOOD FL 34223

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

Marty Remillard
REGISTERED AGENT MUST SIGN

Date 21 OCT 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:

Marty Remillard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941
21 OCT 03 223 9416

Date

Daytime Phone #

CR2E040 (7/03)