

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

04 JAN 22 PH 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000039464**

1. Corporation Name

**PAUL O'BRIEN, PA**

**REINSTATEMENT** 03-04



200027404602  
01/22/04--01023--025 \*\*300.00

Principal Place of Business

978 BOUNDARY BLVD  
ROTONDA WEST FL 33947

Mailing Address

978 BOUNDARY BLVD  
ROTONDA WEST FL 33947

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

04/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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
D	O'BRIEN, PAUL	978 BOUNDARY BLVD	ROTONDA WEST FL 33947

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'BRIEN, PAUL  
978 BOUNDARY BLVD  
ROTONDA WEST FL 33947

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

*Paul O'Brien*

Date

1/2/03

REGISTERED AGENT MUST SIGN

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:

*S. Paul O'Brien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/03

Daytime Phone #

941-468-7157

# Michael Saunders & Company

Licensed Real Estate Broker

1200 SOUTH McCALL ROAD / ENGLEWOOD, FLORIDA 34223 / (941) 473-7750 / FAX: (941) 473-7751

14 January, 2004

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern,

This is my first year being incorporated and I was relying on my accountant to inform me of any forms or checks that needed to be sent. I didn't receive the original/second notice uniform business report (UBR) therefor I didn't know that I needed to send them. I apologize for the inconvenience and will ensure that it doesn't happen again.

Enclosed you will find a check for \$300.00 to cover last year and this years fee.  
Thank you for your cooperation in this matter.

Sincerely Yours;



Paul O'Brien Jr., ABR  
REALTOR, Retired Military