

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 21 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060961

1. Corporation Name

THE LAW PRACTICE OF JAMES H. TIPLER, P.A.

Principal Place of Business

Mailing Address

4460 LEGENDARY DRIVE STE 190  
DESTIN FL 32541-5380

4460 LEGENDARY DRIVE STE 190  
DESTIN FL 32541-5380



REINSTATEMENT

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/03/2002	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TIPLER, JAMES H	4460 LEGENDARY DRIVE STE 190	DESTIN FL 32541

900023971999  
10/21/03--01077--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TIPLER, JAMES H  
4460 LEGENDARY DRIVE STE 190  
DESTIN FL 32541-5380

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-15-03

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03

CR2E040 (7/03)

# THE LAW PRACTICE OF JAMES H. TIPLER

October 15, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

This is a request to waive the reinstatement fee of \$600.00 for The Law Practice of James H. Tipler, P.A. I was unaware of the filing date for the 2003 corporation annual report/uniform business report. There has been turnover in my office, and I believe the information was misplaced by one of my former employees. Please waive my reinstatement fee and accept the enclosed check for \$150.00 to cover the Annual Report and Corporate Supplement.

Sincerely yours,

  
James H. Tipler/lkh  
enclosure

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JAMES HARVEY TIPLER. Education: Yale University (B.A. *summa cum laude*, 1973), *Phi Beta Kappa*; Stanford Law School (J.D. 1977). Practice privileges: State Bars of Florida and California; United States District Courts for the Southern, Middle, and Northern Districts of Florida and the Central and Northern Districts of California; United States Courts of Appeal for the Fifth and Eleventh Circuits; The Supreme Court of the United States.

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