

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:39

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P02000074605**

1. Corporation Name
JANET NELSON, P.A.

Principal Place of Business	Mailing Address
10500 COUNTY ROAD 13 NORTH, LOT M ST. AUGUSTINE FL 32092	10500 COUNTY ROAD 13 NORTH, LOT M ST. AUGUSTINE FL 32092

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	07/10/2002
5. FEI Number	56-2282763
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	NELSON, JANET	10500 COUNTY ROAD 13	ST. AUGUSTINE FL 32092

300023969163
 10/21/03--01058--025 **150.00

8. Name and Address of Current Registered Agent
NELSON, JANET
 10500 COUNTY ROAD 13
 NORTH, LOT M
 ST. AUGUSTINE FL 32092

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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: *Janet Nelson* Date: 10/17/03
 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: *Janet Nelson* Date: 10/17/03 Daytime Phone #: 904-825-0603
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

To Whom It May Concern,

I am a relatively new corporation. I have just received this application for reinstatement of my corporation however I had never received anything previously. I am sending the \$150.00 fee. Please have mercy on me & waive the \$600 reinstatement fee. Thank you for your consideration.

Janet Nelson PA
10500 County Rd. 13 North Lot M
St. Augustine, Fl 32092
Phone: 904-825-0603
Tax ID no: 56-2282763