

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000074605**

1. Corporation Name

JANET NELSON, P.A.

Principal Place of Business

10500 COUNTY ROAD 13
NORTH, LOT M
ST. AUGUSTINE FL 32092

Mailing Address

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.

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

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 ☐

\$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
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

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

Janet Nelson
REGISTERED AGENT MUST SIGN

Date

10/17/03

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:

Janet Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03 904-825-0603

Daytime Phone #

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