

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 17 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000075445

1. Corporation Name

LAWRENCE K. FAGAN, P.A.

Principal Place of Business

6411 PONDAPPLE RD  
BOCA RATON FL 33433

Mailing Address

6411 PONDAPPLE RD  
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

750 S. DIXIE HWY.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

750 S. DIXIE HWY.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/2002

5. FEI Number

Applied For

Not Applicable

City & State  
BOCA RATON, FL.

City & State  
BOCA RATON, FL.

Zip  
33432

Country  
USA

Zip  
33432

Country  
USA

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	FAGAN, LAWRENCE K	6411 PONDAPPLE RD	BOCA RATON FL 33433
D	FAGAN, LAWRENCE K	750 S. DIXIE HWY.	BOCA RATON, FL 33432

700023867987  
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8. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name  
Lawrence K. Fagan, ESA.  
Street Address (P.O. Box Number is Not Acceptable)  
750 S. DIXIE HWY.  
Suite, Apt. #, Etc.  
City  
BOCA RATON  
State  
FL  
Zip Code  
33432

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

REGISTERED AGENT MUST SIGN

Date

10/13/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

Daytime Phone #

561-392-1850

CR2E040 (7/03)