

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

*Psychology*

FILED

03 OCT-21 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000077351**

1. Corporation Name

**SHANNON M. HOUK, P.A.**

Principal Place of Business

2721 LAKE PARK CIRCLE WEST  
DAVIE FL 33328

Mailing Address

2721 LAKE PARK CIRCLE WEST  
DAVIE FL 33328



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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/2002

5. FEI Number

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
PTSD	HOUK, SHANNON M	2721 LAKE PARK CIRCLE WEST	DAVIE FL 33328
			000024264010 10/30/03--01004--030 **150.00

REINSTATEMENT *03/17/03*

8. Name and Address of Current Registered Agent

HOUK, SHANNON M  
2721 LAKE PARK CIRCLE WEST  
DAVIE FL 33328

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

REGISTERED AGENT MUST SIGN

Date

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:

*Shannon Houk*

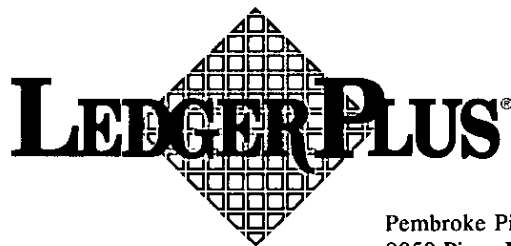
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/15/03*  
Date

*954-4729144*  
Daytime Phone #

CR2E040 (7/03)

*Franson*



October 19, 2003

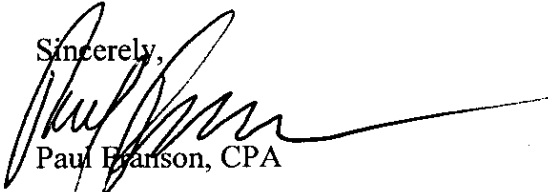
Pembroke Pines Professional Centre  
9050 Pines Blvd. #450  
Pembroke Pines, FL 33024  
(954) 450-9906  
FAX (954) 450-9908  
E-mail fransonph@earthlink.net

Florida Secretary of State  
Division of Corporations  
Mr. Tyrone Scott  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Mr. Scott

My name is Paul Franson and I am the accountant for Shannon Houk, PA. The owner of the business did not receive the 2002 UBR. We would respectfully request that the penalties be abated. Please find a reinstatement for 2002 and a check for \$150.

Sincerely,



Paul Franson, CPA