

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 24 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000108908**

1. Corporation Name

ABLE LEGAL NURSE CONSULTANTS INC.

Principal Place of Business

Mailing Address

4087 JANEWOOD LANE
MELBOURNE FL 32934

4087 JANEWOOD LANE
MELBOURNE FL 32934

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

10/07/2002

5. FEI Number

13-4214250

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
P	WHITLOCK, ALISON	4087 JANEWOOD LANE	MELBOURNE, FL 32934

100023765061
10/13/03--01093--030 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITLOCK, ALISON
4087 JANEWOOD LN.
MELBOURNE FL 32934

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

Alison Whitlock
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Alison Whitlock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03
Date

Daytime Phone #

CR2E040 (7/03)

ABLE LEGAL NURSE CONSULTANTS, INC.

LET 20 YEARS OF NURSING EXPERIENCE WORK FOR YOU

5075 Industry Drive
Melbourne, FL 32940

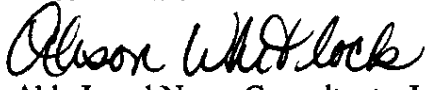
321.403.4225
alwccrn@cfl.rr.com

October 26, 2003

Mr. Justin M Shivers,

I am a brand new business and I just incorporated in October 2002. I never received a form to renew my corporation. I just received a past due letter. I therefore would like to have my corporation reinstated at the \$150.00 cost due to the fact I never received a form to renew.

Thank you
Alison Whitlock


Able Legal Nurse Consultants, Inc

ALISON WHITLOCK, RN BSN CCRN