

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

172

FILED

03 OCT 21 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000109598

1. Corporation Name

DONALD R. OLMSTEAD, P.A.

Principal Place of Business

965 RIVERSIDE DRIVE  
PALMETTO FL 34221

Mailing Address

965 RIVERSIDE DRIVE  
PALMETTO FL 34221



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

2. New Principal Office Address, If Applicable

2107 5th St. West  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2107 5th St. West  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/2002

5. FEI Number

753084369

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
D	OLMSTEAD, DONALD R	2107 5TH STREET	PALMETTO FL 34221

500023960395  
10/21/03--01018--012 \*\*150.00

8. Name and Address of Current Registered Agent

OLMSTEAD, DON  
2107 5TH STREET  
PALMETTO FL 34221

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

*Donald R. Olmstead*

REGISTERED AGENT MUST SIGN

Date

Oct 17 2003

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:

*Donald R. Olmstead*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 17 2003

941 4973564

CR2E040 (7/03)

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**Don Olmstead**  
**2107 5<sup>th</sup> Street West**  
**Palmetto, Florida 34221**  
**941-729-3713**

***To the Office of the Secretary of State,***

***Just received this very disappointing news. I am a realtor and my address was with Michael Saunders & Company at 965 Riverside Drive Palmetto, Fl. The Michael Saunders office was closed in November of 2002. We notified all services as well as the State as to our new address. As a result I have not received any notification of this renewal. As the address did not include the name of the MS&C Office, no one at the office complex had an idea where to send any personal mail. I am asking for the renewal to be reinstated and enclosing a check for the \$150.00.***

***Kindest regards,***

  
**Don Olmstead**