

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -8 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000113367**

1. Corporation Name

Alis Foran, P.A.

2. Principal Office Address

812 Arrowhead Lane

Suite, Apt. #, etc.

City & State

Brandon FL

Zip

33511

Country

USA

3. Mailing Office Address

812 Arrowhead Lane

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/21/2002

5. FEI Number

161638074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Alis Foran

Street Address (P.O. Box Number is Not Acceptable)

812 Arrowhead Lane

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Alis Foran

Date

11/4/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSV DCM	Alis Foran	812 Arrowhead Lane	Brandon, FL 33511

10. 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:

Alis Foran

Alis Foran

11/4/04

Date

813-685-6885

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To: Division of Corporations

From: Alis Foran

Date: November 4, 2004

Subject: Reinstatement of Corporation

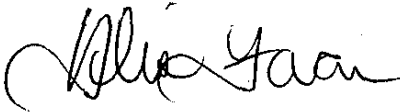
It was recently brought to my attention by my new accountant that my Corporation, Alis Foran P.A., is currently inactive in the State of Florida for not filing an Annual Report. Unfortunately, I was never notified nor received any forms that should have been filed to avoid this matter. Therefore I am requesting leniency in regard to the fees to reinstate my corporation to an active status.

Attached is a check for \$300.00, which represents payment of \$150.00 per year for the years of 2003 and 2004 to reinstate my corporation.

I apologize for any inconvenience that this may have caused and will make sure in the future that this will not occur again.

Thank you for your cooperation and assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Alis Foran', written in dark ink.

Alis Foran