

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 13 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000119836**

1. Corporation Name

**STEWART D. FENNER, P.A.**

Principal Place of Business

**800 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803  
US**

Mailing Address

**800 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803  
US**

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

**11/07/2002**

5. FEI Number

**See attached**

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>P.D</b>	<b>FENNER, STEWART D</b>	<b>800 NORTH FERNCREEK AVENUE</b>	<b>ORLANDO FL 32803</b>

**400023749534**

**10/13/03--01063--014 \*\*150.00**

8. Name and Address of Current Registered Agent

**FENNER, STEWART D  
800 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803**

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-9-03**

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

Date

Daytime Phone #

**10-9-03**

CR2040 (7/03)

LAW OFFICES OF  
**PIERCE AND KLEIN, P.L.C.**

ATTORNEYS AND COUNSELORS AT LAW

**JOHN G. PIERCE, P.A.**

**WILLIAM R. KLEIN, P.A.\***

**STEWART D. FENNER, P.A.**

**ORLANDO OFFICE**

800 NORTH FERNCREEK AVENUE  
ORLANDO, FLORIDA 32803  
TELEPHONE: (407) 898-4848  
FACSIMILE: (407) 898-9321  
WWW.JOHNPIERCE.COM  
EMAIL: JERRY@JOHNPIERCE.COM

PLEASE REPLY TO:  
ORLANDO OFFICE ☒  
SARASOTA OFFICE ☐

**SARASOTA OFFICE**

1900 MAIN STREET, SUITE 310  
SARASOTA, FLORIDA 34236  
TELEPHONE: (941) 365-1930  
FACSIMILE: (941) 953-3685

\*BOARD CERTIFIED TAX ATTORNEY

October 9, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Application for Reinstatement  
Stewart D. Fenner, P.A.  
Document No. PO2000119836

Dear Sir/Madam:

Enclosed is the P.A. Corporate Application For Reinstatement with the \$150.00 filing fee.

The reinstatement fee pursuant to IMPORTANT FACTS in the NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION is sought to be waived as the corporation (P.A.) did not receive two (2) prior Uniform Business Report (UBR) notices, only one.

STEWART D. FENNER, P.A.

By: 

Stewart D. Fenner  
President/Director

SDF/sar  
Enclosures