

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 17 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123914

1. Corporation Name

MARY R. HARVEY, ESQUIRE, P.A.

Principal Place of Business

Mailing Address

12230 FOREST HILL BLVD STE 110E
WEST PALM BEACH FL 33414

12230 FOREST HILL BLVD STE 110E
WEST PALM BEACH FL 33414



500023881845
10/17/03--01030--031 **150.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
officer director	MARY R HARVEY	2400 S. Ocean Dr. C1114	FT Pierce, FL 33949

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARVEY, MARY R ESQ

~~1427 12TH FAIRWAY~~ 2400 S. Ocean Dr. C1114
~~WELLINGTON FL 33414~~ FT. Pierce, FL 33949

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

Mary R. Harvey, Esquire
REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

Mary R. Harvey, Esquire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

Daytime Phone #

561-227-1568
772-461-0832

CR2E040 (7/03)

2

MARY R. HARVEY, ESQ., P.A.
12230 Forest Hill Boulevard
Suite 110E
West Palm Beach, Florida 33414
Telephone: 561-227-1568
Facsimile: 561-227-1510

October 13, 2003

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

RE: Corporation Name: Mary R. Harvey, Esquire, P.A.
Document Number: P02000123914

Dear Sir/Madam:

I never received any documentation or report to fill out prior to this notice of dissolution. In fact, it appears that it was dissolved September 19, 2003 and yet I only just received this notice last Friday, October 10, 2003.

I called your office in Tallahassee and was told to write this letter, fill out the form, and send \$150.00 check and because you never sent the necessary information the reinstatement fee would not apply.

Thank you for your attention to this matter. Also, in the future please be sure to send me the required documents that will allow this P.A. to continue to exist.

Sincerely,

Mary R. Harvey, Esquire

Mary R. Harvey, Esquire
Registered Agent

as Registered Agent

Also, please note that, as registered agent, my personal address has changed to 2400 S. Ocean Dr., C1114, Ft. Pierce, Florida 33949, but that my office/business address is, and has been, the same.