

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 DEC 15 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133711

1. Corporation Name

LORI L. COBB, PA

Principal Place of Business

Mailing Address

3300 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065  
US

9913 W. ATLANTIC BLVD  
CORAL SPRINGS FL 33071  
US

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

12/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

82-0580541

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	COBB, LORI L	9913 W. ATLANTIC BLVD	CORAL SPRINGS FL 33071
			900025504339 12/15/03--01036--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COBB, LORI L  
9913 W. ATLANTIC BLVD  
CORAL SPRINGS FL 33071

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

*Lori L. Cobb*

Date

12/10/03

REGISTERED AGENT MUST SIGN

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:

*Lori L. Cobb*

Lori L. Cobb

Date

12/10/03

Daytime Phone #

954-905-1104

CR2E040 (7/03)



CORAL SPRINGS BRANCH  
3300 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

The Keyes Company

OFFICE  
FAX

(954) 752-0900  
(954) 752-2378

Email

keyes370@keyes.com

12/10/03

State of Florida  
Department of State

To whom this may concern,

I applied for my corporation a year ago,  
in which it went into effect 12/23/2002.

I NEVER RECEIVED ANY NOTIFICATION REGARDING  
RENEWAL, UNTIL THIS FORM CAME IN THE MAIL.  
I CAN SEE IT WAS UNFORTUNATE TO APPLY  
IN DECEMBER BECAUSE THE ENTIRE YEAR  
HAD PAST. PLEASE ACCEPT THIS LETTER  
AND PAYMENT FOR 2003 AND I WILL HOPE  
TO RECEIVE NOTICE TO PAY FOR 2004 PRIOR  
TO MAY 1ST 2004.

Thank-you,  
Lori L. Cobb