

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -1 AM 9:16

DOCUMENT # P03000015741

1. Corporation Name

LISA WENDELL, P.A.

600168249756
03/05/10--01007--003 **150.00

KS

600168249756
02/08/10--01068--003 **150.00

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #

7570 Diamond Pointe
Suite, Apt. #, etc. CIRCLE

3. Mailing Office Address

P.O. Box 1102
Suite, Apt. #, etc.

City & State

Delray Beach FL.

City & State

Pompano Beach FL.

Zip

33446

Country

U.S.A.

Zip

33061

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

13-4239932

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LISA A. WENDELL

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

7570 DIAMOND POINTE CIR

Suite, Apt. #, Etc

City

DELRAY BEACH

State

FL

Zip Code

33446

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
<u>P</u>	<u>LISA A. Wendell</u>	<u>P.O. Box 1102</u>	<u>Pompano Bch FL 33061</u>

10. E-mail Address: lisawendell65@yahoo.com

(to be used for future annual report notification)

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. I further certify, 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:

Lisa A. Wendell P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2010

Date

561-289-4332

Daytime Phone #