

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

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From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**CORPORATION REINSTATEMENT
WILLIAM M. PEARSON, P.A.**

Certificate of Status	0
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Page Count	02
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SECRETARY
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P08000035444					
1. Corporation Name William M. Pearson, P.A.					
2. Principal Office Address - No P.O. Box # 1221 Brickell Avenue		3. Mailing Office Address 1221 Brickell Avenue			
Suite, Apt. #, etc. 16th Floor		Suite, Apt. #, etc. 16th Floor			
City & State Miami, FL		City & State Miami, FL			
Zip 33131	Country USA	Zip 33131	Country USA		
4. Date Incorporated or Qualified To Do Business In Florida 3/9/2006					
5. FEI Number 20-4633352				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name NRAI Services Inc.					
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive					
Suite, Apt. #, Etc. Suite 4					
City Weston		State FL	Zip Code 33331		
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 <u>Michele Holden</u> Michele Holden, Asst. Secretary Date 02/02/11 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D	William M. Pearson	1221 Brickell Ave., 16th Floor		Miami, FL 33131	
10. E-mail Address: wpearsonlaw@bellsouth.net (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.					
SIGNATURE: <u>William M. Pearson</u> 2/2/11 786 301 4048 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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