

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -3 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000151878

1. Corporation Name

David Jaquith, P.A.

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

7309 Pine Valley Street

Suite, Apt. #, etc.

City & State

Lakewood Ranch, FL

Zip

34202

Country

Manatee

3. Mailing Office Address

7309 Pine Valley Street

Suite, Apt. #, etc.

City & State

Lakewood Ranch, FL

Zip

34202

Country

Manatee

4. Date Incorporated or Qualified
To Do Business in Florida 12/08/2006

5. FEI Number
20-8432842

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

David G Jaquith

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

7309 Pine Valley Street

Suite, Apt. #, Etc.

City

Lakewood Ranch, FL

State

FL

Zip Code

34202

☒ 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

Date 10/22/2008

REGISTERED AGENT MUST SIGN

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
D	David G Jaquith	7309 Pine Valley Street	Lakewood Ranch, FL 34202

300137739853
11/07/08--01026--008 **300.00

10. 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 contained in Chapter 119, 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

David G Jaquith

10/22/2008

Date

9413513077

Daytime Phone #