

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000004683**

1. Corporation Name

PHILIP M. SPRINKLE II, P.A.

Principal Place of Business

**777 S FLAGLER DR
SUITE 900 --
WEST PALM BEACH FL 33401**

Mailing Address

**777 S FLAGLER DR
SUITE 900 --
WEST PALM BEACH FL 33401**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
Suite 900 East Tower
City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
Suite 900 East Tower
City & State

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1992

5. FEI Number

65-0388981

Applied For
Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	SPRINKLE, PHILIP M II	777 S FLAGLER DR #900 East Tower	WEST PALM BEACH FL 33401
			200002383992-9 12/29/97-01003-006 ***165.00 ***165.00

8. Name and Address of Current Registered Agent

**SPRINKLE, PHILIP M II
777 S FLAGLER DR
SUITE 900 --
WEST PALM BEACH FL 33401**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

Suite 900 East Tower

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.

Signature of
Registered Agent

Philip M. Sprinkle II (Signature)
PHILIP M. SPRINKLE II MUST SIGN

Date **12-4-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

(Signature)
Philip M. Sprinkle II, President

12-4-97

Date

561-659-5990

Daytime Phone #

CR2E040 (8/97)