

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kenneth J. Mueller  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000011295

1. Corporation Name

KENNETH J. MUELLER, C.P.A., P.A.

Principal Place of Business

6453 SOUTH ORANGE AVE.  
#4  
ORLANDO FL 32809  
US

Mailing Address

6453 SOUTH ORANGE AVENUE  
#4  
ORLANDO FL 32809  
US

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/1993

5. FEI Number

59-3165250

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	MUELLER, KENNETH J	6453 S ORANGE AVENUE, SUITE 1	ORLANDO FL

3000003473203--9  
-11/21/00--01097--021  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

KENNETH J. MUELLER  
6453 SOUTH ORANGE AVENUE  
SUITE 4  
ORLANDO FL 32809

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Date

(407) 850-9000

Daytime Phone #

202

*Kenneth J. Mueller, C.P.A., P.A.*  
*Certified Public Accountant*

Center IV South  
6453 South Orange Avenue, Suite 4  
Orlando, Florida 32809

(407) 850-9000  
Fax (407) 850-9019

October 31, 2000

Division of Corporations  
Annual Reporting/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Reinstatement for the above referenced corporation.

To whom it may concern:

I must sincerely apologize for not sending in my annual report and fee timely for the 2000 year. I did not receive any prior notices reminding me to send in my annual report and filing fee. I have always filed my annual reports timely in the past and did not realize I had not done so this year until I received your Notice of Administrative Dissolution or Revocation. I have contacted your department and they instructed me to forward my regular fee of \$150.00 for the year 2000 and to enclose this correspondence stating that I did not receive my prior notices and you will reinstate my corporation.

I hope this is satisfactory for your needs and thank you in advance for your prompt attention to this matter. If you have any further questions, please feel free to contact me at (407) 850-9000, Monday through Friday, between 9:00 am and 5:00 pm, EST.

Sincerely,



Kenneth J. Mueller

Member

Florida Institute of Certified Public Accountants  
National Society of Public Accountants