

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 APR 25 AM 6:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000048037**

1. Corporation Name **Brenda Hartman, P.A.**

800018568578
05/08/03--01065--019 **1800.00

REINSTATEMENT 96-03

2. Principal Office Address 1630 Orleans Court		3. Mailing Office Address 1104 N Collier Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Marco Island FL		City & State Marco Island FL	
Zip 34145	Country USA	Zip 34145	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/09/93	
5. FEI Number 65-0440205	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Jamie B Greusel			
Street Address (P.O. Box Number is Not Acceptable) 1104 North Collier Blvd			
Suite, Apt. #, Etc.			
City Marco Island	State FL	Zip Code 34145	

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 **Jamie B Greusel** Date **4-18-03**

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
P/O	Brenda Hartman	1630 Orleans Court	Marco Island FL 34145

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 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: **Brenda M. Hartman** Date **4-18-03** 239 642-5313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E093 (10/02)