

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2022 NOV -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065501

1. Corporation Name

Herdman & Vicari, P.A.

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

29605 U.S. HWY 19 North

Suite, Apt. #, etc.

Suite 110

City & State

Clearwater, FL

Zip

33761

Country

USA

3. Mailing Office Address

29605 U.S. HWY 19 North

Suite, Apt. #, etc.

Suite 110

City & State

Clearwater, FL

Zip

33761

Country

USA

000397007290
11/01/22--01026--001 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

September 15, 1993

5. FET Number

59-3197567

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

Mark Herdman

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

29605 U.S. HWY 19 North

Suite, Apt. #, Etc.

Suite 110

City

Clearwater

State

FL

Zip Code

33761

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 10/24/2022

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
PTD	Mark Herdman	29605 U.S. HWY 19 North, Suite 110	Clearwater, FL 33761
VSD	Branden Vicari	29605 U.S. HWY 19 North, Suite 110	Clearwater, FL 33761

10. E-mail Address: Branden@herdsaklaw.com

(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. In the event of 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 § 817.06, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2022

Date

727-785-1769

Daytime Phone #