

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 #

1. Corporation Name

BRIAN M. BURSA, P.A.

FILED

98 MAY 22 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002537577--8
-05/27/98--01100--009
***1350.00 ***1350.00

Principal Place of Business

Mailing Address

111 - 2nd Avenue N.E. Suite 620
St. Petersburg, FL 33701

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

Country

N/A

N/A

Zip

Country

N/A

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/93

5. FEI Number

59-3212426

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Brian M. Bursa	911 Symphony Isles Blvd.	Apollo Beach, FL 33572
V	Kirsten K. Ullman	911 Symphony Isles Blvd.	Apollo Beach, FL 33572
T	Brian M. Bursa	911 Symphony Isles Blvd.	Apollo Beach, FL 33572
S	Kirsten K. Ullman	911 Symphony Isles Blvd.	Apollo Beach, FL 33572
D	Brian M. Bursa	911 Symphony Isles Blvd.	Apollo Beach, FL 33572
D	Kirsten K. Ullman	911 Symphony Isles Blvd.	Apollo Beach, FL 33572

8. Name and Address of Current Registered Agent

Brian M. Bursa
111 - 2nd Avenue N.E.
Suite 620
St. Petersburg, FL 33701

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

75 5/24

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

Brian M. Bursa

REGISTERED AGENT MUST SIGN

Date

5-20-98

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:

Brian M. Bursa - BRIAN M. BURSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/98

Date

813-827-4944

Daytime Phone #