

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000083614

1. Corporation Name

Stephen Marc Shepin, P.A.

2. Principal Office Address

1203 Governor's Square Blvd.
Suite, Apt. #, etc.

Suite 102

City & State

Tallahassee, Florida

Zip

32301

Country

United States

3. Mailing Office Address

1203 Governor's Square Blvd.
Suite, Apt. #, etc.

Suite 102

City & State

Tallahassee, Florida

Zip

32301

Country

United States

200011788602

02/04/03--01075--025 **1650.00

REINSTATEMENT 97-03

4. Date Incorporated or Qualified
To Do Business in Florida

12-1-93

5. FEI Number

59-3228743

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

Stephen Marc Shepin

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

1203 Governor's Square Blvd.

Suite, Apt. #, Etc.

Suite 102

City

Tallahassee

State

FL

Zip Code

32301

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

Stephen Marc Shepin

Date 1/30/03

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
DP	Stephen Marc Shepin	1203 Governor's Sq. Blvd. - Ste 102	Tallahassee, FL 32301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Marc Shepin

1/30/03
Date

(850) 224-5200
Daytime Phone #

CR2E081 (9/01)