

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 23 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084442**

1. Corporation Name

ISPHORDING, WHITE & RODEN P.A.

Principal Place of Business

Mailing Address

901 VENETIA BAY BLVD
 SUITE 110
 VENICE FL 34292

901 VENETIA BAY BLVD
 SUITE 110
 VENICE FL 34292



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/09/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0462170

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ISPHORDING, R O	901 VENETIA BAY BLVD. STE. 110	VENICE FL 34292
V	WHITE, CLIFTON F	901 VENETIA BAY BLVD. STE. 110	VENICE FL 34292
TS	RODEN, DONNA-LEE M	901 VENETIA BAY BLVD. STE. 110	VENICE FL 34292
			3000002705749--7 -12/08/98--01024--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISPHORDING, R.O.
 901 VENETIA BAY BLVD.
 STE 110
 VENICE FL 34292

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Handwritten Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

[Handwritten Date]

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:

[Handwritten Signature]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (9/98)