

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

Division of Corporations

FILED

02 OCT 29 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019742

1. Corporation Name

CHARLES P. ERICKSON, P.A.

Principal Place of Business

4760 TAMiami TRAIL N., SUITE 21
NAPLES FL 34103
US

Mailing Address

4760 TAMiami TRAIL N., SUITE 21
NAPLES FL 34103
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1994

5. FEI Number

65-0470105

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



100008674071
10/29/02--01132--018 **150.00

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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | ERICKSON, CHARLES P | 4760 TAMiami TRAIL N., SUITE 21 | NAPLES FL 34103 |
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8. Name and Address of Current Registered Agent

ERICKSON, CHARLES P
4760 TAMiami TRAIL N., SUITE 21
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Charles P. Erickson SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

October 24, 2002

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. 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:

Charles P. Erickson SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 24, 2002

Daytime Phone #

CH2E040 (8/02)

CHARLES P. ERICKSON, P.A.

Attorney at Law

4760 Tamiami Trail North
Suite 21
Naples, Florida 34103



October 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is my application for reinstatement of corporation Charles P. Erickson, P.A. I have had a change of secretarial staff, and I unfortunately did not receive the prior UBR notices. Consequently I am requesting this corporation be reinstated without penalty.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Charles P. Erickson".

Charles P. Erickson,
President of Charles P. Erickson, P.A.

Enclosures