

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 19 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 894000019742

1. Corporation Name

Charles P. Erickson, P. A.

2. Principal Office Address

4501 Tamiami Tr. N.

Suite, Apt. #, etc.

204

City & State

Naples, FL

Zip

34103

Country

U.S.

3. Mailing Office Address

4501 Tamiami Tr. N.

Suite, Apt. #, etc.

204

City & State

Naples, FL

Zip

34103

Country

U.S.

REINSTATEMENT

GR25081 (12/05)

04-06

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

7. Name and Address of Current Registered Agent

Name

Charles P. Erickson

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

4501 Tamiami Trail N.

Suite, Apt. #, Etc.

204

City

Naples

State
FL

Zip Code

34103

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

Charles P. Erickson

Date 10/23/06

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
P	Charles P. Erickson	4501 Tamiami Tr. N. Ste. 204	Naples, FL 34103

600081177686
10/25/06--01008--005 **400.00

600081177686
12/22/06--01029--007 **50.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06

Date

239-455-2499

Daytime Phone #

282

CHARLES P. ERICKSON, P.A.
4501 TAMiami TRAIL NORTH, STE 204
NAPLES, FL. 34103
(239) 430-1126

October 23, 2006

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

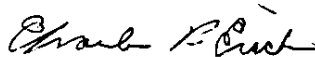
Re: Charles P. Erickson P.A.,

Dear Sir or Madam:

Enclosed for processing is my application for reinstatement together with a check in the amount of \$480 for the above corporation. I do not recall having received the annual report notices in the year of dissolution, and I am asking that you waive the reinstatement fee. Please contact me should you need anything further to complete the reinstatement.

Thank you for your attention to this matter.

Very truly yours,


Charles P. Erickson