

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:55

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.

4501 Tamiami Tr. N. Suite 204

City & State

Naples FL

Zip

34103

Country

Collier

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4501 Tamiami Tr. N. Suite 204

City & State

Naples FL

Zip

34103

Country

Collier

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. 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 3	City / State / Zip 4
P	ERICKSON, CHARLES P	4760 TAMiami TRAIL N., SUITE 21	NAPLES FL 34103

100023908881
10/17/03--01062--011 **150.00

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

Charles P. Erickson

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

4501 Tamiami Trail N.

Suite, Apt. #, Etc.

Suite 204

City

Naples

State

FL

Zip Code

34103

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

REGISTERED AGENT MUST SIGN

Date 10-13-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

CR2E040 (7/03)

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

October 15, 2003

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

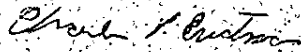
Re: Corporation of Charles P. Erickson P.A.

Dear Sir or Madam:

I am in receipt of your notice of dissolution and I am enclosing the petition to reinstate this corporation. I am requesting that you waive the reinstatement fee as I apparently did not receive the prior URB notices. Enclosed is a check in the amount of \$150 to process this annual report.

Thank you for your attention to this matter.

Very truly yours,



Charles P. Erickson, president