

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 26 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94600031626**

1. Corporation Name

MARILYN M. WALDORF P.A.

200036808012
01/31/07--01031--001 **2550.00

REINSTATEMENT
CR2E081 (1/07)

1995-2007

2. Principal Office Address - No P.O. Box #

3220 HARVEST MOON DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

3220 HARVEST MOON DR.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

Country

34683

USA

City & State

PALM HARBOR, FL

Zip

Country

34683

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-1-1994

5. FEI Number

59-3250330

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

MARILYN M. WALDORF

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

3220 HARVEST MOON DRIVE

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

1-23-07

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
PRES.	MARILYN M. WALDORF	3220 HARVEST MOON DR.	PALM HARBOR, FL 34683

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/07

Daytime Phone #

**727-785
3646**

B. Mitchell JAN 26 2007