

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 13 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041070**

1. Corporation Name

MARIA ELENA ELLISON, P.A.

Principal Place of Business

Mailing Address

875 AURELIA ST
BOCA RATON FL 33486

875 AURELIA ST
BOCA RATON FL 33486

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1994

5. FEI Number.

65-0496871

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	ELLISON, MARIA E	875 AURELIA ST	BOCA RATON FL 33486

900023764419
10/13/03--01093--009 **150.00

8. Name and Address of Current Registered Agent

ELLISON, MARIA ELENA
875 AURELA
SUITE 114
BOCA RATON FL 33486

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

Maria Elena Ellison
REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

Maria Elena Ellison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 561-367-9493

Date

Daytime Phone #

CR2E040 (7/03)



MARIA ELENA ELLISON, P.A.

ATTORNEY AT LAW

October 9, 2003

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

To Whom It May Concern:

I am requesting that the reinstatement fee be waived because I did not receive the two uniform business report notices. Enclosed is a check for \$150.00 and the reinstatement form.

Sincerely,

Maria Elena Ellison