

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 JUN 11 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073178

1. Corporation Name

POHL, BROWN & ASSOCIATES OF FLORIDA, INC.

2. Principal Office Address

1520 Royal Palm Square Blvd.

Suite, Apt. #, etc.

Suite 360

City & State

Fort Myers, FL

Zip

33919

Country

USA

3. Mailing Office Address

1520 Royal Palm Square Blvd.

Suite, Apt. #, etc.

Suite 360

City & State

Fort Myers, FL

Zip

33919

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/05/94

5. FEI Number

65-0532151

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

Eric Miller

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

1520 Royal Palm Square Boulevard, Suite 360

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33919

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

L.C. Miller

Date

4/6/01

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
DP	WILLIAM B. POHL	1520 Royal Palm Square Blvd. Suite 360	Fort Myers, FL 33919
DVST	GARY F. BROWN	1520 Royal Palm Square Blvd. Suite 360	Fort Myers, FL 33919

REINSTATEMENT 98-01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Pohl

Date

Daytime Phone #

(941) 275-8029

pg 282

PAVESE, HAVERFIELD, DALTON, HARRISON & JENSEN, L.L.P.

A FLORIDA LIMITED LIABILITY PARTNERSHIP

ATTORNEYS AND COUNSELORS AT LAW

<http://paveselaw.com>

1833 HENDRY STREET
FORT MYERS, FLORIDA 33901

POST OFFICE DRAWER 1507
FORT MYERS, FLORIDA 33902-1507

(941) 334-2195
FAX (941) 332-2243

MARY VLASAK SNELL
(941) 336-6255

PLEASE REPLY TO
FORT MYERS OFFICE

May 10, 2001

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


Re: Pohl, Brown & Associates of Florida, Inc.
FEI #: 65-0532151

Dear Sir/Madam:

Enclosed please find Document #P94000073178 for the above referenced corporation. Also enclosed is check #1087 in the amount of \$1,208.75 to cover reinstatement charges for same.

Please forward reinstatement documentation to my attention at the above address. Should you have any questions please feel free to contact me.

Very truly yours,


MARY VLASAK SNELL

MVS:pl

Enclosure

F:\WPDATA\MVS\CORP\INIT\POHLBROW.N\REINSTAT.LTR

DATA