

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR -4 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 995000013467

1. Corporation Name

Trent W. Ling, P.A.

**REINSTATEMENT** 00-04

2. Principal Office Address

9506 Castleford Point

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32836

Country

USA

3. Mailing Office Address

P.O. Box 692228

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32869-2228

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 16, 1995

5. FEI Number

59-3297105

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

Trent W. Ling

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

9506 Castleford Point

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

02/02/04--01097--010 \*\*750.00

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 2/23/04

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-	Trent W. Ling	9506 Castleford Point	Orlando, FL 32836

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

407-492-4370

Daytime Phone #

CR2E081 (01/04)

**Trent W. Ling, P.A.**

**ATTORNEY AT LAW**

**MAILING ADDRESS:**

**Post Office Box 692228  
Orlando, Florida 32869-2228**

**Telephone (407) 352-0093  
Facsimile (407) 352-0403**

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**E-Mail: TrentLing@aol.com**

January 28, 2004

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Revocation of Dissolution

Dear Sir or Madam:

Enclosed please find the documentation and fees necessary to revoke the state's administrative dissolution of the above-referenced corporation. Apparently, in the year 2000, the State sent an annual report kit to the wrong address and it was returned to the State. I never received the report. I have had a few corporations over the last few years and it never occurred to me that I was delinquent on the annual report for this company. I have been advised that the State is in possession of evidence that it's annual report kit was returned to the state in the year 2000. I was also advised that the reinstatement fee is \$750.00 and that amount is enclosed.

Please also be advised that the principal place of business for the firm is 9506 Castleford Point, Orlando, FL 32836, and the mailing address is as listed on this letterhead. Thank you for your consideration in this regard.

Sincerely,



Trent W. Ling

Enclosures