

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019552

1. Corporation Name

LAVERY & ASSOCIATES INC.

Principal Place of Business

534 NE PLANTATION ROAD STE. 4004
STUART FL 34908

Mailing Address

534 NE PLANTATION ROAD STE. 4004
STUART FL 34908



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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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/08/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0584520	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	LAVERY, JOAN E	534 NE PLANTATION ROAD STE. 4004	STUART FL 34908
D	LAVERY, KENNETH	534 NE PLANTATION ROAD STE. 4004	STUART FL 34908

900002011079--8
-11/21/96--01044--018
***375.00 ***375.00

B11-19-90

8. Name and Address of Current Registered Agent

LAVERY, JOAN E
534 NE PLANTATION ROAD STE. 4004
STUART FL 34908

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

Signature of Joan E. Lavery
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(f), 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 of Joan E. Lavery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 905 332 2259
Daytime Phone #: 541 225 2277