

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

08 AUG 20 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100135280121  
09/03/08--01007--017 \*\*1508.75

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000023681

**1. Corporation Name**

Richardson Law Offices, P.A.

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

903 Beard Street

Suite, Apt. #, etc.

Unit 1

City & State

Tallahassee, Florida

Zip

32303

Country

Leon

**3. Mailing Office Address**

P.O. Box 4196

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32315-4196

Country

Leon

**REINSTATEMENT**  
CR2E081 (12/07)

1999-2008

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

March 22, 1995

**5. FEI Number**

59-3422520

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

Will J. Richardson

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

903 Beard Street

Suite, Apt. #, Etc.

Unit 1

City

Tallahassee

State  
**FL**

Zip Code

32303

☒ 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

*Will J. Richardson*  
REGISTERED AGENT MUST SIGN

Date 8/19/2008

**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
D	Will J. Richardson	903 Beard Street Unit 1	Tallahassee, Florida 32303
P	Will J. Richardson	903 Beard Street Unit 1	Tallahassee, Florida 32303
S	Will J. Richardson	903 Beard Street Unit 1	Tallahassee, Florida 32303

**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:

*Will J. Richardson* WILL J. RICHARDSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/20/2008

Daytime Phone #

850 222-3766

*Michael*

AUG 20 2008