

P95000047213

(Requestor's Name)  
(Address)  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED  
95 JUN 14 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

200001512997  
-06/14/95--01056--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
TIMOTHY J. VAUGHAN, P.A.**

**ARTICLE I - NAME**

*The name of this corporation is  
TIMOTHY J. VAUGHAN, P.A.*

**ARTICLE II - DURATION**

*This corporation shall exist perpetually, commencing on the day of signing.*

**ARTICLE III - PURPOSE**

*This corporation is organized for the purpose of transacting any and all lawful  
business, including acting as Trustee, and that of a Real Estate Associate.*

**ARTICLE IV - CAPITAL STOCK**

*This corporation is authorized to issue 7,500 shares of no par value common stock.*

**ARTICLE V - PREEMPTIVE RIGHTS**

*Every shareholder, upon the sale for cash of any new stock of this corporation of the  
same kind, class or series as that which he/she already holds, shall have the right to  
purchase his/her pro rata share thereof (as nearly as may be done without issuance of  
fractional shares) at the price at which it is offered to others.*

**ARTICLE VI - INITIAL PRINCIPAL OFFICE AND  
RESIDENT AGENT**

*The principal office address of this corporation is 202 WILLARD AVE. FRUITLAND  
PARK, FL. 34731 and the mailing address is the same. The principal office and  
registered office address are the same as above. The initial registered agent of this  
corporation at that address is TIMOTHY J. VAUGHAN*

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## **ARTICLE VII - INITIAL BOARD OF DIRECTORS**

*This corporation shall have one (1) director initially. The number of directors may be increased or decreased from time to time by the by-laws, but shall never be less than one(1). The name and address of the initial director of this corporation is Timothy J. Vaughan, 202 Willard Ave. Fruitland Park, FL 34731.*

## **ARTICLE VIII - INCORPORATOR**

*The name and address of the person signing these articles is Timothy J. Vaughan, 202 Willard Ave. Fruitland Park, FL 34731*

## **ARTICLE IX - POWERS**

*This corporation shall have the power to act as Trustee, as well as all of the powers as enumerated in the Florida Statute covering Professional Associations.*

## **ARTICLE X - INDEMNIFICATION**

*No officer, director or stockholder shall be held personally liable when acting in official capacity on company business. The corporation shall indemnify any officer, director or stockholder, or any former officer, director or stockholder to the full extent permitted by law.*

## **ARTICLE XI - AMENDMENTS**

*This corporation reserves the right to amend or repeal any provisions contained in the Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.*

*IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 9th day of June 1995.*

*Timothy J. Vaughan*  
\_\_\_\_\_  
**INCORPORATOR**

*I am familiar with the duties of resident agent, and hereby accept the position as resident agent of Timothy J. Vaughan, P.A.*

*Timothy J. Vaughan*  
\_\_\_\_\_  
**RESIDENT AGENT**

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000047213**

1. Corporation Name

**TIMOTHY J. VAUGHAN, P.A.**

Principal Place of Business

Mailing Address

~~202 WILLARD AVE.~~

~~FRUITLAND PARK FL 34731~~

**106 Moss St (South)  
Leesburg FL 34748**

~~202 WILLARD AVE.~~

~~FRUITLAND PARK FL 34731~~

**106 Moss St (South)  
Leesburg FL 34748**

2. New Principal Office Address, If Applicable

~~1305 CHEBON CT~~

State, Apt. #, etc.

City & State

~~Apopka FL~~

Zip

~~32712~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~1305 CHEBON CT~~

State, Apt. #, etc.

City & State

~~Apopka FL~~

Zip

~~32712~~

Country

~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida

**08/14/1995**

5. FEI Number

**N/A**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SR 11. Address of the corporation

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	VAUGHAN, TIMOTHY J	202 WILLARD AVE.	FRUITLAND PARK FL 34731
			700002046757--0 -01/06/97--01031--006 *****200.00 *****200.00
			700002046757--0 -01/06/97--01031--007 *****175.00 *****175.00
			12/31/96

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**VAUGHAN, TIMOTHY J  
202 WILLARD AVE.  
FRUITLAND PARK FL 34731**

9. Name and Address of New Registered Agent

Name **Timothy J. VAUGHAN**

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

**106 Moss St**

Suite, Apt. #, Etc.

City

**Leesburg**

State

**FL**

Zip Code

**34748**

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.

Signature of Registered Agent

**Timothy J. Vaughan**

REGISTERED AGENT MUST SIGN

Date **12/22/96**

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)(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: **X**

**Timothy J. Vaughan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/22/96 (407) 239-2000**

Date

Daytime Phone #