$175

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 DEC 30 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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
~~1306 CHEBOIN CT~~	~~1306 CHEBOIN CT~~
Suite, Apt. #, etc A	Suite, Apt. #, etc
City & State ~~APOPKA FL~~	City & State ~~Apopka FL~~
Zip ~~32712~~ Country ~~ORANGE~~ USA	Zip ~~32712~~ Country ~~FL~~ USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/14/1995

5. FEI Number: N/A ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $87.50 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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 PW
			REINSTATEMENT PW

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 is Not Acceptable): 106 Moss ST
Suite, Apt. #, Etc.: ~~Leesburg~~
City: Leesburg State: FL Zip Code: 34748

CR2E040 (7/96)

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: X Timothy J. Vaughan Date: 12/22/96
REGISTERED AGENT MUST SIGN

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, 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 12/22/96 (407)239-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003329 AF