

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORM
AND
FILED

97 APR 23 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **P95000048228**

1. Corporation Name
MARCELLA R. SAMSON P.A.

Principal Place of Business Mailing Address

352 CHURCH ROAD **352 CHURCH ROAD**
TEQUESTA FL 33469 **TEQUESTA FL 33469**



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.		06/19/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0597681	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)

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	SAMSON, MARCELLA R	352 CHURCH ROAD	TEQUESTA FL 33469

REINSTATEMENT 96-97
a am
4/23/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SAMSON, MARCELLA R 352 CHURCH ROAD TEQUESTA FL 33469		Name 300002157963--3	
		Street Address (P.O. Box Number is Not Accepted) 04/29/97--01047--023	
		Suite, Apt. #, Etc. ****375.00 ****326.25	
		City 300002157963--3	
		State / Zip Code -04/29/97--01047--024 ****540 FL ****540.00	

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: *Marcella R. Samson* Date: _____
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 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: *Marcella R. Samson* Date: 4/17/97 Daytime Phone #: (561) 743-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (7/96)