## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

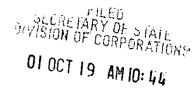
## DOCUMENT # **P95000073830**

1. Corporation Name

JOHN A. JAMIESON, P.A.

Principal Place of Business

Mailing Address



803 NE 4TH FORT LAUD	AVE ERDALE FL 33304	AVE RDALE FL 33304					
.  If above addresses are incorrect in any way, line through incorrect information and enter correction below					REINS	TATEMEN	
2. New Pri	ncipal Office Address, If Applicable	e 3. New Maili	ling Office Address, If Applicable		Date Incorp     To Do Busir	orated or Qualified ness in Florida	09/25/1995
· · · ·			uite, Apt. #, etc.		5. FEI Number	<del></del>	Applied For
City & State	9	City & State	City & State			65-0610561	Not Applicable
Zip	Country	Zip	Count	гу	6. CERTIFICATE	OF STATUS DESIRED 🗆	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Off	cer and/or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)		
Title(s)	itle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
D	JAMIESON, JOHN A	1212 SE 2ND AVE			FT. LAUDERDALE FL 33315		
				-			
					0	0000466 -10/31/01-	611604 01053023 00 ****750.00
				· ·		****750.0	30 ****750.00
				14	10/3)		
				1	1-1-1-		
8. Name and Address of Current Registered Agent					9. Name and A	Address of New Registere	ed Agent
ar e.				Name	mark with		
	SON, JUNE M	Street Address (P.		O. Box Number is Not Acceptable)			
	OLLYWOOD BLVD.	Suite, Apt. #, Etc.		<del> </del>			
SUITE 201 HOLLYWOOD FL 33020							
				City State Zip Code			
10. I, being	appointed the registered agent of	the above named corpo	ration, am familiar v	vith and accept the ol	oligations of Secti		<del></del>
Signature o Registered		M. Ourles REGISTERED AG				Date	5/01
11. 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 filling							

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.