

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 MAY 31 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000078460

1. Corporation Name

Larry K White P.A.

2. Principal Office Address

1106 E Park Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1100 E Park Ave

Suite, Apt. #, etc.

City & State

Tallahassee Fla

City & State

Tallahassee Fla

Zip

32301

Country

Lea

Zip

32301

Country

Lea

4. Date Incorporated or Qualified
To Do Business in Florida

October 12, 1995

5. FEI Number

59-3338773

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

Larry K White

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

1100 E Park Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Larry K White

REGISTERED AGENT MUST SIGN

Date

5/31/01

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
PTO	<u>Larry K White</u>	<u>1100 E Park Ave</u>	<u>Tallahassee Fl. 32301</u>
SD	<u>Ross A V Clarke White</u>	<u>1102 Albright Dr</u>	<u>Tallahassee Fl. 32301</u>

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****900.00 ****900.00

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 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:

Larry K White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/01 (850) 577-3230

Date

Daytime Phone #