

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02 UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097428

1. Corporation Name

FIRST TOWER SANFORD PARTNERS OF TALLAHASSEE, INC

Principal Place of Business

113 SO. ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address

113 SO. ADAMS STREET
TALLAHASSEE FL 32301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1995

5. FEI Number

59-3358820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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	4 City / State / Zip
D	CARRIGAN, DONALD T	113 SO. ADAMS STREET	TALLAHASSEE FL 32301
D	RUDNICK, JAMES	226 N. DUVAL STREET	TALLAHASSEE FL 32301

600008770136
11/04/02--01010--015 **158.75

8. Name and Address of Current Registered Agent

CARRIGAN, DONALD T
113 SO. ADAMS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/30/02

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD T. CARRIGAN

Date

Daytime Phone #

10/30/02 850-224-8000

CR2E040 (8/02)

DONALD T. CARRIGAN

113 South Adams Street
Tallahassee, Florida 32301
850-224-8000

October 29, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: First Tower Sanford Partners of Tallahassee, Inc.
Document Number: P95000097428

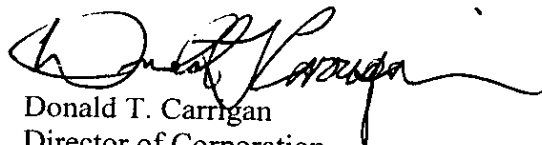
To Whom It May Concern:

Please accept this letter as my statement that, to the best of my knowledge, we have not received prior uniform business report notices for our 2002 annual report.

Enclosed is our completed application for reinstatement along with a check for \$158.75 to cover the filing fee plus a certificate of status.

Thank you for your consideration.

Sincerely,



Donald T. Carrigan
Director of Corporation

DTC/kak