

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**99AR**  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000006838**

99 OCT 19 PM 3:27

1. Corporation Name

**FRANCESCA BERNHARDT BEATTY, P.A.**

Principal Place of Business

Mailing Address

**1 MANGROVE POINTE  
ST. PETERSBURG BEACH FL 33706**

**1 MANGROVE POINTE  
ST. PETERSBURG BEACH FL 33706**



If any address is 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

**01/22/1996**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**50-3361394**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 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
PD	BEATTY, FRANCESCA B	1 MANGROVE POINTE	ST. PETERSBURG BEACH FL 33706

100003058851-0  
-12/02/99 01052-012  
\*\*\*\*150.00 \*\*\*\*150.00

*BA 10/25*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BEATTY, FRANCESCA B ESQ.  
1 MANGROVE POINTE  
ST. PETERSBURG BEACH FL 33706**

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.

Signature of Registered Agent: *Francesca B. Beatty*  
REGISTERED AGENT MUST SIGN

Date *Oct 14, 1999*

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: *Francesca B. Beatty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Oct 14, 1999 (727) 367-1061*  
Date Daytime Phone #

CR2E040 (8/99)

**FRANCESCA BERNHARDT BEATTY, P.A.**

One Mangrove Pointe  
St. Pete Beach, Florida 33706  
(727) 367-1061 Fax (727) 360-4761

October 14, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

RE: Francesca Bernhardt Beatty, P.A.  
P96000006838

Dear Secretary of State:

Today this corporation received a Notice of Administrative Dissolution for failing to file its annual report dated September 24, 1999. In investigating why the annual report had not been filed, I discovered that we did not receive the 1999 Annual Report form from your office. Nor did we receive any "second notice" annual report form informing us that it would be dissolved/revoked on or after September 15, 1999 if the report was not filed by June 18 of this year. Therefore I request that you reinstate the corporation as soon as possible and waive the fee for reinstatement.

Enclosed please find an Application for Reinstatement for the above named corporation and a check for \$150.00 covering the 1999 Annual Report fee. Thank you for your consideration of this matter.

Very truly yours,

*Francesca B. Beatty*  
Francesca Bernhardt Beatty