PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 NOV 15 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000024870

1. Corporation Name

ROBERT APPLEGET, JR., P.A.

Principal Place of Business	Mailing Address
~~606 SW THIRD AVENUE~~ ~~OCALA FL 34474~~	~~606 SW THIRD AVENUE~~ ~~OCALA FL 34474~~

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
One NE 1st Ave., Ste 303	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ocala FL	PO Box 1472
City & State	City & State
34470	Ocala FL
Zip / Country	Zip / Country
USA	34478 USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/20/1996

5. FEI Number: 59-3373506 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	APPLEGET, ROBERT L JR	~~606 SW THIRD AVENUE~~ One NE 1st Ave., Ste. 303	OCALA FL ~~34474~~ 34470
			900003063369--8 -12/07/99--01077--016 ****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

APPLEGET, ROBERT JR
~~606 SW THIRD AVENUE~~ One NE 1st Ave., Ste. 303
~~OCALA FL 34474~~ Ocala FL 34470

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

CR2E040 (8/99)

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 ✓ REQUIRED Date ✓ 11-12-99

REGISTERED AGENT MUST SIGN

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: ✓ REQUIRED ✓ 11-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083191 AP