

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049066

1. Corporation Name

JOHN VERNON HEAD, P.A.,

2. Principal Office Address

138 E. Central Ave.

Suite, Apt. #, etc.

City & State

Howey-in-the-Hills, FL

Zip

34737

Country

USA

3. Mailing Office Address

138 E. Central Ave.

Suite, Apt. #, etc.

City & State

Howey-in-the-Hills, FL

Zip

34737

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

6/6/1996

5. FEI Number

593384185

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

John Vernon Head

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

138 E. Central Ave.

Suite, Apt. #, Etc.

City

Howey-in-the-Hills

State

FL

Zip Code

34737

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

REGISTERED AGENT MUST SIGN

Date 11/17/04

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
D	John Vernon Head	138 E. Central Ave,	Howey-in-the Hills, FL 34737

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/04 352-324-3131

Date

Daytime Phone #

John Vernon Head  
John Vernon Head

CR2E081 (01/04)