

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 29 AM 9:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **P96000050769**

1. Corporation Name

PAUL D. NEWNUM, P.A.

Principal Place of Business

Mailing Address

1516 E HILLCREST ST SUITE 200
 ORLANDO FL 32803

1516 E HILLCREST ST SUITE 200
 ORLANDO FL 32803

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

2. New Principal Office Address, if Applicable

2107 PARK AVENUE NORTH
 Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

2107 PARK AVENUE NORTH
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/07/1996

5. FEI Number

59-3388435

Applied For

Not Applicable

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip
32789

Country
USA

Zip
32789

Country
USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	NEWNUM, PAUL D	1516 E HILLCREST ST SUITE 200 2107 PARK AVENUE NORTH	ORLANDO FL 32803 WINTER PARK FL 32789

REINSTATEMENT

98 TS. 12/30/98

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 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWNUM, PAUL D
 1516 E HILLCREST ST SUITE 200
 ORLANDO FL 32803

Name

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

2107 PARK AVENUE NORTH
 Suite, Apt. #, Etc.

City

WINTER PARK FL

State

FL

Zip Code

32789

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

Paul D. Newnum

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/27/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Paul D. Newnum **PAUL D. NEWNUM**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/98
 Date

407 628 0033
 Daytime Phone #

CR2EM40 (9/98)