

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 13 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000064867**

1. Corporation Name

Percy Lee Nelson D.P.M., PA

2. Principal Office Address

2110 Biscayne Bld

Suite, Apt. #, etc.

#201

City & State

Aventura, Flg

Zip

33180

Country

Dade

3. Mailing Office Address

2110 Biscayne Bld

Suite, Apt. #, etc.

#201

City & State

Aventura

Zip

33180

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

8/2/96

5. FEI Number

58-2252849

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

Percy Lee Nelson DPM PA

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

2110 Biscayne Bld #201

Suite, Apt. #, Etc.

#201

City

Aventura

State

FL

Zip Code

33180

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

Percy Lee Nelson DPM PA

Date

6/28/06

REGISTERED AGENT MUST SIGN

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
Pres	Percy Lee Nelson	2110 Biscayne Bld #201	Aventura, Flg 33180
Vice Pres	Percy Hudson Nelson	2110 Biscayne Bld #201	Aventura, Flg 33180
Treas	Donald B. Nelson	2110 Biscayne Bld #201	Aventura, Flg 33180
Sec	Ryan J. Nelson	2110 Biscayne Bld #201	Aventura, Flg 33180
	8/2/96	800077718948 07/19/06--01023--006 **1000.00	

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 contained in Chapter 119, 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:

Percy Lee Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/06

Daytime Phone #

786-252-5926