

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P96000070277**

1. Corporation Name

KEITH L VOLSTAD DE PC

2. Principal Office Address

3233 SW Port St Lucie Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 32094

Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

Palm Beach Gardens FL

Zip

34953

Country

USA

Zip

33420

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/5/97

5. FEI Number

650687985

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

KEITH VOLSTAD

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

3233 SW Port St Lucie Blvd

Suite, Apt. #, Etc.

600005556006-8

-05/17/02--01004--11

******300.00 ****300.00**

City

Port St Lucie

State
FL

Zip Code

34953

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 **5-1-02**

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	KEITH VOLSTAD	3233 SW Port St Lucie Blvd	Port St Lucie FL 34953

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

Date

5/1/02

Daytime Phone #

772340224

102

FILED

02 MAY -6 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
01-02

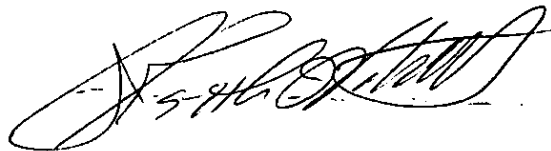
20f2

To whom it may concern,

5/1/02

As I have not received the necessary papers in the mail, I have had to download them and fill them out that way. Please find enclosed a check for the fees.

Thank you

 546