

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070631

1. Corporation Name

E. ROBERT SANTIAGO, P.A.

Principal Place of Business

Mailing Address

5408 LONESOME DOVE DR
KISSIMMEE FL 34746
US

717 EAST OAK STREET
KISSIMMEE FL 34744

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3398228

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	SANTIAGO, E R	5408 LONESOME DOVE DRIVE	KISSIMMEE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWART, HARRY J
717 EAST OAK STREET
KISSIMMEE FL 34744

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

10/16/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00

KE



CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA
ANDY J. BAUMRUK, CPA

October 18, 2000

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: E. Robert Santiago, P.A.

To Whom It May Concern:

Attached is a completed Application for Reinstatement for our client, E. Robert Santiago, P.A. and their payment of \$150.00. Our client did not receive their Annual Report Form. Although the client's mailing address is listed as our office address, we have verified our records that no report – neither the first or second notice – was ever received. Therefore, we ask that you abate the penalty for the reasons stated above.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures

HERITAGE SQUARE ♦ 717 EAST OAK STREET ♦ KISSIMMEE, FLORIDA 34744-4580

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