

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079177

1. Corporation Name

RICHARD L. WURZLER, P.A.

FILED

08 AUG 18 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 1901 Jess Parrish Ct.		3. Mailing Office Address 1901 Jess Parrish Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Titusville, Fl		City & State Titusville, Fl	
Zip 32796	Country US	Zip 32796	Country US

4. Date Incorporated or Qualified To Do Business in Florida 09/23/1996	
5. FEI Number 59-3403482	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Wurzler, Richard			
Street Address (P.O. Box Number is Not Acceptable) 1901 Jess Parrish Ct.			
Suite, Apt. #, Etc.			
City Titusville,	State FL	Zip Code 32796	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 8/14/08

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
P	Wurzler, Richard L.	1901 Jess Parrish Ct.	Titusville, Fl 32796
S	Wurzler, L. Diane	1901 Jess Parrish Ct.	Titusville, Fl 32796
			000134566780
			08/18/08--01075--006 **1958.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/2008 321/268-1999
Date Daytime Phone #

DC 8/19