

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 11 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

896000085334
RONALD L. NELSON, PA.

2. Principal Office Address - No P.O. Box #

5511 Central Ave
Suite, Apt. #, etc.

3. Mailing Office Address

5511 Central Ave
Suite, Apt. #, etc.

City & State

St. Petersburg, FL
Zip 33710 Country U.S.

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St. Petersburg, FL
Zip 33710 Country U.S.

REINSTATEMENT

700131195787
06/11/08--01028--004 ***450.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10-14-1996

5. FEI Number

59-3409753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Name

RONALD L. NELSON

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

5511 Central Ave
Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

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.

REGISTERED AGENT MUST SIGN

Date 6-10-08

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
PO	Ronald L. Nelson	5511 Central Avenue	St. Petersburg, FL 33710
TD	Ronald L. Nelson	5511 Central Avenue	St. Petersburg, FL 33710
SD	Ronald L. Nelson	5511 Central Avenue	St. Petersburg, FL 33710

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-08 727.945-9002
Date Daytime Phone #

RONALD L. NELSON, PA
ATTORNEY AT LAW

5511 Central Avenue
St. Petersburg, FL 33710
(727) 345-9292 Tel
(727) 345-9299 Fax

VIA EXPRESS MAIL

June 10, 2008

Division of Corporations
Attn: Reinstatement Dept.
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Ronald L. Nelson, P.A.
DOC# P96000085334

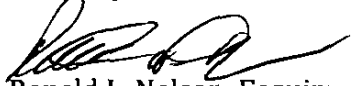
To Whom It May Concern:

I am applying for reinstatement of my corporation, Ronald L. Nelson, P.A. The Articles of Incorporation were filed on October 14, 1996 and I have over the years filed my annual report in a timely manner. For some reason, unbeknownst to me, I have not received the annual notices and have, therefore, failed to file the annual report. As a result, my corporation has been dissolved.

Please allow this letter to serve as a request that Ronald L. Nelson, P.A. is reinstated and any late fees are waived. Enclosed please find the Corporation Reinstatement Application and our firm's check in the amount of \$450 representing the annual fees for years 2006, 2007 and 2008.

Should there be any questions or concerns, please do not hesitate to call or write.

Sincerely,



Ronald L. Nelson, Esquire

RLN/nr