

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

02 SEP 27 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **96000086843**

1. Corporation Name

KELLEY ROARK P.A.

300008171523--4
-10/03/02--01021--005
****308.75 ******308.75**

2. Principal Office Address

9608 NE 2nd Ave

Suite, Apt. #, etc.

City & State

Miami Shores

Zip

FL

Country

33138

3. Mailing Office Address

9608 NE 2nd Ave

Suite, Apt. #, etc.

City & State

Miami Shores

Zip

FL

Country

33138

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/96

5. FEI Number

65-0709999

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

Kelley Roark, Esq.

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

9608 N.E. 2nd Ave.

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

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

Kelley Roark

REGISTERED AGENT MUST SIGN

Date

9/27/02

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

P, D Kelley S. Roark

**9608 NE 2nd Ave
Miami Shores FL**

Miami Shores FL 33138

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:

Kelley Roark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/02

Date

(305) 754-4557

Daytime Phone #

KELLEY ROARK, P.A.

9608 N.E. 2nd Avenue
Miami Shores, FL 33138
(305)754-4557

Facsimile (305) 754-4533

Admitted in New York and Florida

September 27, 2002

Attn: Kathy Ashton
Division of Corporations – Reinstatements
409 E. Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of Kelley Roark P.A.

Dear Ms. Ashton:

This letter is written to confirm that I never received the Annual Report for the years 2000 and 2001. I am requesting that penalty fees be waived.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kelley Roark".

Kelley Roark

Encl.

CORPDI RECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

Tricia Tadlock

DATE:

9.27.02

REF. #:

0948.9611

CORP. NAME:

Kelley Roark P.A.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input checked="" type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 0654 FOR \$ 308.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials