

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -2 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094926

1. Corporation Name

Steven G. Burton, P.A.

100 N. Tampa Street
P.O. Box 172069

2. Principal Office Address

100 N. Tampa Street

3. Mailing Office Address

P.O. Box 172069

Suite, Apt. #, etc.

Suite 3500

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

United States

Zip

33672

Country

United States

4. Date Incorporated or Qualified

To Do Business in Florida 11/20/1996

5. FEI Number

59-3410207

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Steven G. Burton, Esq.

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

100 N. Tampa Street

Suite, Apt. #, Etc.

Suite 3500

City

Tampa

State

FL

Zip Code

33602

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

7-27-04

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
DPVT	Steven G. Burton	100 N. Tampa Street, Suite 3500	Tampa, FL 33602

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

7-27-04 813-225-3024

Daytime Phone #

CR2E081 (01/04)