

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 23 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96 000096203

1. Corporation Name

MARGARET LYNNE CLAUSEN, PH.D., PA

Principal Place of Business

201 8TH STREET S.
BAKER CENTER, STE 204
NAPLES, FL 34102

Mailing Address

201 8TH STREET S.
BAKER CENTER, STE 204
NAPLES, FL 34102

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 204

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 204

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

11/27/96

5. FEI Number

59-3425458

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	MARGARET LYNNE CLAUSEN	5633 TURLE BAY DR #36	NAPLES, FL 34108

500002502805--6
-04/28/98--01062--009
****900.00 ****900.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

9. Name and Address of New Registered Agent

Name
MARGARET LYNNE CLAUSEN
Street Address (P.O. Box Number is Not Acceptable)
201 8TH STREET S.
Suite, Apt. #, Etc.
SUITE 206
City
NAPLES
State
FL
Zip Code
34102

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 *Margaret L. Clausen*
REGISTERED AGENT MUST SIGN

Date 4-20-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Margaret L. Clausen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-98

Date

(941) 403-7171

Daytime Phone #

CR2E040 (12/96)