

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 26 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096856

1. Corporation Name

Matthew W. Sowell, P.A.

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

12058 San Jose Boulevard

3. Mailing Office Address

12058 San Jose Boulevard

Suite, Apt. #, etc.

Suite 503

Suite, Apt. #, etc.

Suite 503

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32223-8668

Country

USA

Zip

32223-8668

Country

USA

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1996

5. FEI Number

59-3400108

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
Matthew W. Sowell

Street Address (P.O. Box Number is Not Acceptable)
12058 San Jose Boulevard

Suite, Apt. #, Etc.
Suite 503

City
Jacksonville

State
FL

Zip Code
32223-8668

☒ 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

Matthew Sowell

REGISTERED AGENT MUST SIGN

Date **December 20, 2007**

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	Matthew W. Sowell	12058 San Jose Blvd., Suite 503	Jacksonville, FL 32223-8668

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:

Matthew Sowell

Matthew W. Sowell

12/20/2007

904-358-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #