

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102080

1. Corporation Name

Robert H. Grizzard, II, P.A.

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

116 S. Tennessee Avenue

Suite, Apt. #, etc.

Suite 214

City & State

Lakeland, Florida

Zip

33801

Country

USA

3. Mailing Office Address

116 S. Tennessee Avenue

Suite, Apt. #, etc.

Suite 214

City & State

Lakeland, Florida

Zip

33801

Country

USA

7. Name and Address of Current Registered Agent

Name

Robert H. Grizzard

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

116 S. Tennessee Avenue

Suite, Apt. #, Etc.

Suite 213

City

Lakeland

State

FL

Zip Code

33801

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

Date 02-10-2009

REGISTERED AGENT MUST SIGN

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
PTS	Robert H. Grizzard, II	116 S. Tenn. Ave., Ste 214	Lakeland, FL 33801

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REINSTATEMENT

02-09 JSS

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

Robert H. Grizzard, II

02-10-2009

863=682-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2009 FEB 13 P 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)