

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000000532

1. Corporation Name

THERESA ANN PRATER, P.A.

Principal Place of Business

9800 US HWY 441
STE 101
LEESBURG FL 34788

Mailing Address

3316 INDIAN TRAIL
EUSTIS FL 32726

FILED
03 NOV 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3417038

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	MORRIS, THERESA ANN	3316 INDIAN TRAIL	EUSTIS FL 32726
			900024761009 11/17/03--01093--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRIS, THERESA ANN-
3316 INDIAN TRAIL
EUSTIS FL 32726

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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

Daytime Phone #

CR2E040 (7/03)

Theresa Ann Prater, P.A.
9800 US Hwy 441
Suite 101
Leesburg, FL 34788
352-728-2224

November 11, 2003

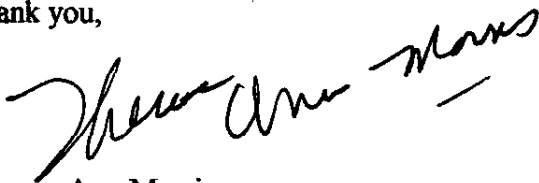
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed is the completed Reinstatement Application and the appropriate fee of \$150 (per your phone instructions). I did not receive the annual report or any UBR notifications previous to this one. Please waive any additional penalties/fees, and please reinstate the above corporation.

I thank you for your attention to this matter. Please feel free to contact me at 352-728-2224 if you have any further questions.

Thank you,

A handwritten signature in black ink, appearing to read "Theresa Ann Morris", written in a cursive style.

Theresa Ann-Morris