

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000016244

1. Corporation Name

NANCY J. STUMPF, PA

Principal Place of Business

12635 CHICAGO AVE
HUDSON FL 34669

Mailing Address

12635 CHICAGO AVE.
HUDSON FL 34669

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1997

5. FEI Number

59-3436728

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Nancy J. Stumpf	12635 Chicago Ave.	Hudson, FL 34669
T/S	Robert A. Stumpf	12635 Chicago Ave.	Hudson, FL 34669

200002837332--0
-04/13/99 -01006--001
****900.00 ****900.00

8. Name and Address of Current Registered Agent

WATERS, RONALD C
1300 88TH AVE. NORTH
ST PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name
David A. Dorsey, C.P.A.
Street Address (P.O. Box Number is Not Acceptable)
5618 Grand Blvd.
Suite, Apt. #, Etc.

City
New Port Richey

State
FL

Zip Code
34652

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

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy J. Stumpf

12/7/98 (727) 861-1700

Date Day/Month/Year

CR2E040 (9/98)