

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:00

DOCUMENT # **P97000027171**

1. Corporation Name

JOAN RUDOLPH, P.A.

Principal Place of Business

11859 GRAN CRIQUE CT S
JACKSONVILLE FL 32223

Mailing Address

11859 GRAN CRIQUE CT S
JACKSONVILLE FL 32223

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1997

5. FEI Number

59-3439121

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 3	City / State / Zip 4
DPST	RUDOLPH, JOAN	11859 GRAN CRIQUE CT S	JACKSONVILLE FL 32223

900023750219

10/13/03--01065--013 **150.00

8. Name and Address of Current Registered Agent

RUDOLPH, JOAN
11859 GRAN CRIQUE CT S
JACKSONVILLE FL 32223

9. Name and Address of New Registered Agent

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

Joan Rudolph

REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Joan Rudolph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 (904) 268-6952

Daytime Phone #

CR2E040 (7/03)

GLEND A E. HOOD
SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

OCTOBER 9, 2003

FROM; JOAN RUDOLPH, P.A.
11859 GRAN CRIQUE CT. S.
JACKSONVILLE, FL. 32223
FEI NUMBER 59-3439121

RE: APPLICATION OF REINSTATEMENT.

THE ENCLOSED APPLICATION WAS RECEIVED BY ME ON 10/8/03. THIS IS THE FIRST
UBR NOTICE TO DATE.

I AM ENCLOSING MY \$150 REGISTRATION FEE AND REQUEST THAT THE PENALTY FEE
BE WAIVED.

THANKING YOU IN ADVANCE.

SINCERELY,


JOAN RUDOLPH, P.A.