

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000091932

1. Corporation Name

Law Offices of Terry L. Bledsoe, P.A.

2. Principal Office Address - No P.O. Box #  
300 North Ronald Reagan Boulevard

3. Mailing Office Address  
108 West Crystal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, Florida

City & State

Sanford, Florida

Zip

32750

Country

USA

Zip

32773

Country

USA

7. Name and Address of Current Registered Agent

Name

Terry L. Bledsoe

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

108 West Crystal Drive

Suite, Apt. #, Etc.

City

Sanford,

State

FL

Zip Code

32773

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

*Terry L. Bledsoe*

REGISTERED AGENT MUST SIGN

Date 10/1/07

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 -	Terry L. Bledsoe	108 West Crystal Drive	Sanford, Florida 32773

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:

*Terry L. Bledsoe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 1, 2007

Date

407.920.9381

Daytime Phone #

FILED

07 OCT 17 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 10/27/1997

5. FEI Number  
59-3475016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

504110588725  
10/17/07--01038--015 \*\*1058.75