

**CORPORATION
REINSTATEMENT**



FILED

05 JAN -4 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

2. Principal Office Address
2655 McCormick Dr.

Suite, Apt. #, etc.

3. Mailing Office Address
2655 McCormick Dr.

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State
Clearwater FL

Zip 33759	Country USA
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Zip 33759	Country USA
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4. Date Incorporated or Qualified To Do Business in Florida

12/31/1997

5. FEI Number
59-3485291

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Larry J. Gonzales

Street Address (P.O. Box Number is Not Acceptable)
2655 McCormick Dr.

Suite, Apt. #, Etc.

City Clearwater

State FL	Zip Code 33759
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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 _____

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
D	Larry J. Gonzales	2655 McCormick Dr.	Clearwater FL 33759
			
			<div data-bbox="985 1562 1430 1614"> 400043651084 01/09/05--01049--009 **300.00 </div>
			<div data-bbox="985 1665 1430 1717"> 400043651084 12/27/04--01083--011 **150.00 </div>

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 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 #

CR2E081 (01/04)

TEW, BARNES & ASSOCIATES, L.L.P.
ATTORNEYS AT LAW

ROBERT L. BARNES, JR.
LARRY J. GONZALES
RICHARD C. MILLIAN
JOEL R. TEW
TONY J. TUNTASIT

CLEARWATER OFFICE
2655 MCCORMICK DRIVE
CLEARWATER, FLORIDA 33759

TAMPA OFFICE
2905 BAYSHORE BOULEVARD
SUITE 200
TAMPA, FLORIDA 33629

CLEARWATER OFFICE
(727) 799-2882
FAX
(727) 726-0058

TAMPA OFFICE
(813) 902-8500
FAX
(813) 902-8599

PLEASE REPLY TO:
P.O. BOX 5124
CLEARWATER, FLORIDA 33758-5124

Web site: www.tbalaw.com
Email: lgonzales@tbalaw.com

December 30, 2004

Mr. Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, Florida 32399

VIA DHL - 10:30 A.M. DELIVERY

Subject: Larry J. Gonzales, P.A.
Ref. Number: P97000109204

Dear Mr. Toner:

I am enclosing my check in the amount of \$300.00 for reinstatement of the above-referenced corporation. I am also enclosing your letter to me dated December 27, 2004.

The corporation did not receive notices in the years 2002, 2003 and 2004.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

TEW, BARNES & ASSOCIATES, L.L.P.


Larry J. Gonzales, Esquire

LJG/kls
Enclosures