

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -8 PM 12:35

DOCUMENT # P98000016556

1. Corporation Name

Dwight W. Severs & Associates P.A.

2. Principal Office Address

1308 Riverside Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1308 Riverside Dr

Suite, Apt. #, etc.

City & State

Pittsville Florida

City & State

Pittsville Florida

Zip

32780

Country

USA

Zip

32780

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/1998

5. FEI Number

59-3492774

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Dwight W. Severs

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

1308 Riverside Dr.

Suite, Apt. #, Etc.

City

Pittsville

State

FL

Zip Code

32780

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

Dwight W. Severs

REGISTERED AGENT MUST SIGN

Date

12/5/05

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
Pres Sec	Dwight W. Severs	1308 Riverside Dr	Pittsville, NC 27280

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:

Dwight W. Severs Dwight W. Severs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/05 321-264-2768

Daytime Phone #