

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 31 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 98000029787

1. Corporation Name

FRANK CLARK, P.A.

2. Principal Office Address

202 S. MOODY AV.

Suite, Apt. #, etc.

3. Mailing Office Address

202 S. MOODY AV.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

U.S.A.

City & State

TAMPA, FL

Zip

33609

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/98

5. FEI Number

59-3505871

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

FRANK CLARK

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

202 S. MOODY AV.

Suite, Apt. #, Etc.

City

TAMPA

201.25 - AR

10.00 - AR ARTS

88.75 - AR SUPP

State

FL

Zip Code

33609

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 5/30/02

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/D	FRANK CLARK	202 S. MOODY AV.	TAMPA, FL 33609

2000005766587-2

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***300.00 ***300.00

[Signature]

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]

FRANK CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02 (813) 250-3813

Date

Daytime Phone #

CR2E081 (9/01)

FRANK CLARK, P.A.

Attorney at Law

Workers' Compensation Board Certified

202 South Moody Avenue
Tampa, Florida 33609

(813) 250-3813
Fax (813) 250-1983

May 30, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Frank Clark, P.A.
Document #: P98000029787
FEI #: 59-3505871

Dear Sirs:

Enclosed please find our completed Corporate Reinstatement Form (downloaded from the website), along with check #2157 in the amount of \$300.00 representing payment of the Annual Report Fee and Corporate Supplemental Fee for 2001 and 2002. We failed to file Uniform Business Reports (UBR) for 2001 and 2002 because we never received the forms from the Department of State due to confusion concerning our change of address. Please make sure your records reflect our current address as indicated on the enclosed reinstatement form.

Thank you for your time and attention to the above.

Sincerely,


Frank Clark

FC/rcw
Enclosures