

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P5182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000035844

1. Corporation Name

THOMAS C. NOLAN, P.A.

870 E. STATE ROAD 434

2. Principal Office Address

870 E. STATE ROAD 434

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

LONGWOOD-FL

City & State

Zip

32750

Country

USA

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified

To Do Business in Florida 05/01/1998

5. FEI Number

52-2096020

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

THOMAS C. NOLAN

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

140 ROSE HILL TRAIL 870 E. STATE ROAD 434

Suite, Apt. #, Etc.

City

SANFORD LONGWOOD

State

FL

Zip Code

32773 32750

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

REGISTERED AGENT MUST SIGN

Date

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	Thomas C Nolan	870 E State Rd 434	Longwood FL 32750

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:

Thomas C. Nolan

9/24/04

Date

407-831-3434

Daytime Phone #

CR2E081 (01/04)



L.F. Harris & Associates, CPA, P.A. •
Certified Public Accountants

15 272

June 7, 2004

Tina Roberts
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Thomas C. Nolan, P.A.
REF. #P98000035844

Dear Ms. Roberts:

This letter is in response to your correspondence dated February 12, 2004 regarding the reinstatement of Thomas C. Nolan, P.A. A copy of the letter is enclosed as requested.

Attached, please find the completed UBR/Reinstatement Form and a check in the amount of \$300 due to reinstate the corporation.

Thomas Nolan, to the best of his knowledge, did not receive any notice regarding the Uniform Business Report (UBR).

Please reinstate the corporation and notify our office at your earliest convenience.

Very truly yours,

A handwritten signature in black ink that reads 'Rachaelé Dumas'. The signature is written in a cursive style with a large, looped 'R' and a long, sweeping 'D'.

Rachaelé Dumas
Staff Bookkeeper
407-228-0560 Ext 16

cc: Tom C. Nolan