

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049361

1. Corporation Name

THEODORE A. SHAW, P.A.  
1204 NW 12th ST  
Gainesville, FL 32601

2. Principal Office Address

1204 NW 12th ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip  
32601

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/1/98

5. FEI Number

59-3514653

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

LARRY CIESLA

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

204 W. UNIVERSITY AVE

Suite, Apt. #, Etc.

City

GAINESVILLE,

State

FL

Zip Code

32601

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

*Ted Shaw, P.A.*

Date

12/21/02

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
PRES.	THEODORE A. SHAW	4206 NW 57th AVE	GAINESVILLE, FL 32601

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:

*Ted Shaw, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

352-379-2829

Date

Daytime Phone #



Florida Dept. of Revenue  
Attn: Division of Corporations  
5050 W. Tennessee St.  
Tallahassee, FL 32399-0143

October 31, 2002

Re: FEI Number 59-3514653

Please find enclosed our renewal fee of \$150.00 for the above FEI Number. We did not receive a renewal notice, and were not aware that the time had passed. We do however wish reinstatement at this time.

Sincerely,

*Ted Shaw, Ph.D.*

Ted Shaw, Ph.D., P.A.

TS/sl