

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Secretary of State

FILED

99 OCT 19 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058217

1. Corporation Name

GREGORY KARLSON, P.A.

Principal Place of Business

3049 PLACIDVIEW DRIVE  
SEBRING FL 33852

Mailing Address

3049 PLACIDVIEW DRIVE  
SEBRING FL 33852

WRONG CITY

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID, FLORIDA

City & State

Zip

33852

Country

HIGHLANDS

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/1998

5. FEI Number

☒ Applied For  
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KARLSON, GREGORY	3049 PLACIDVIEW DRIVE	LAKE PLACID FL 33852

500003032105--8  
-11/02/99--01044--001  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

PHILLIP W. STATLER, INC.

9200 U.S. 27 SOUTH

SUITE 308

SEBRING FL 33870

ADDRESS CHANGE

3531 US HWY 27 SOUTH

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

*Gregory Karlson*

GREGORY KARLSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99

Date

863-465-1400

Daytime Phone #



**Prudential**

**Prudential Sanders Realty**

74 Tower Street, Lake Placid FL 33852

Bus 941 465-1400

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Dear Division of Corporations

Enclosed is the check for \$150 to  
renew the enclosed corporation. This  
is the first notice that I received  
as it was sent to the wrong city.  
You have the correct address under  
item # 7 but wrong address where  
it was mailed. Thank you for your  
understanding.

Sincerely,

Greg Kunkle