

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

192
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 17 PM 7:39

DOCUMENT # **P98000064447**

1. Corporation Name

AGATHA M. ANDERSON, P.A.

Principal Place of Business

**950 N COURTENAY PKWY
MERRITT ISLAND FL 32953
US**

Mailing Address

**950 N COURTENAY PKWY
MERRITT ISLAND FL 32953
US**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/20/1998

5. FEI Number

59-3530141

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	ANDERSON, AGATHA M	1435 GIBARD BLVD	MERRITT ISLAND FL 32952
		7963 Evelyn CT	CAPE CANAVERAL FL 32920
			000004657830--8 -10/29/01--01084--012 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

**ANDERSON, AGATHA M
950N COURTENAY PKWY
MERRITT ISLAND FL 32953**

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

SIGNATURE REQUIRED

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/01 321-630-3691

292

Memo from Agi Anderson

TO: Department of State

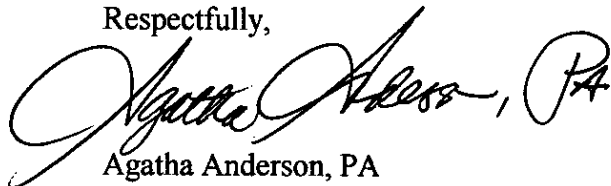
DATE: October 15, 2001

RE: Reinstatement

Please be advised I did not receive the original notification to file my corporate fees. I share an office with another firm and they recently had slew of personnel changes at their front desk. I am better known as 'Agi Anderson' and I did extensive traveling this spring and summer. Not all of my mail that was labeled Agatha Anderson made it to my box. There are a few other incidences of missing mail. I was quite surprised when I received the Dissolution notice. If you check my records, you will see I have always filed in a timely manner.

I spoke with your department by phone and explained my situation. The gentleman stated I needed to send a written notice and a check for \$150.00, which I have enclosed. Please reinstate my company upon receipt.

Respectfully,


Agatha Anderson, PA