

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Bureau of Corporate Services
DIVISION OF CORPORATIONS

DOCUMENT # P98000095409

1. Corporation Name

EDGAR S. SEGURA, P.A.

Principal Place of Business

4719 CASON COVE DR APT 1514
ORLANDO FL 32811

Mailing Address

4719 CASON COVE DR APT 1514
ORLANDO FL 32811

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

11/09/1998

5. FEI Number

59-3542883

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SEGURA, EDGAR S	4719 CASON COVE DR APT 1514	ORLANDO FL 32811

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEGURA, EDGAR S
4719 CASON COVE DR APT 1514
ORLANDO FL 32811

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:

Edgar Segura President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99 (407) 239-0510

Date

Daytime Phone #

ext- 41853

2

October 29, 1999

Edgar S. Segura, P.A.
4719 Carson Cove Dr. #1514
Orlando, FL 32811

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

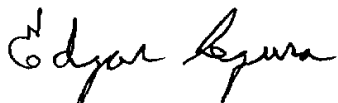
Sir/Madam:

As a new corporation, effective November 9, 1998, I was not aware that Florida corporations must file a yearly reinstatement for viability. This corporation did not receive any notice or request for maintenance. The enclosed "Application for Reinstatement" is the only mailing from the Florida Department of State received by this corporation.

Please reinstate this corporation. Enclosed is a check for \$150.00 along with the completed and signed application. After speaking to your offices we will look forward to the receipt of your mailing for the continuation of this corporation.

Thank you for your help in resolving this matter.

Edgar S. Segura, P.A.



Edgar S. Segura, President