

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -2 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000002766

1. Corporation Name

KIM A. MINOR, P.A.

2. Principal Office Address

2210 Vanderbilt Beach Road

Suite, Apt. #, etc.

#1100

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Office Address

230 Channing Court

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34110

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/08/1999

5. FEI Number

59-3552068

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

KIM A. MINOR

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

230 CHANNING COURT

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34110

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 5/29/06

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	KIM A. MINOR	230 CHANNING COURT	NAPLES, FL 34110

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 contained in Chapter 119, 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:

KIM A. MINOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-571-1606

Daytime Phone #