

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -7 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ERIKA R. KESSLER, PA

99000031635

2. Principal Office Address

10425 SPARKLE COURT

Suite, Apt. #, etc.

3. Mailing Office Address

10425 SPARKLE COURT

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32836

Country

USA

City & State

ORLANDO FL

Zip

32836

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1999

5. FEI Number

59-3568047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

ERIKA R KESSLER

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

10425 SPARKLE COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

200035732252
05/07/04--01012--022 **450.00

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

04/27/04

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
VP	ARLENE KESSLER	10425 SPARKLE COURT	ORLANDO FL 32836
P	ERIKA KESSLER	10425 SPARKLE COURT	ORLANDO, FL 32836

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/27/04

Daytime Phone #

CR2E081 (01/04)

ERIKA KESSLER, PA

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION BECAUSE
I NEVER RECEIVED THE DEPARTMENT OF STATE FORMS FOR:
2002, 2003, 2004.

I AM ENCLOSING A CHECK FOR \$450.00

THANKS,



ERIKA KESSLER