

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000040002**

1. Corporation Name
VERNON & VERNON, P.A.

Principal Place of Business 475 RIDGEWOOD ROAD KEY BISCAYNE FL 33149	Mailing Address 475 RIDGEWOOD ROAD KEY BISCAYNE FL 33149
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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		4. Date Incorporated or Qualified To Do Business in Florida 05/03/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0917719	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	VERNON, THANIA	475 RIDGEWOOD ROAD	KEY BISCAYNE FL 33149
VSTD	VERNON, ROBERT	475 RIDGEWOOD ROAD	KEY BISCAYNE FL 33149

300008624633
 10/28/02--01079--002 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SALA, A. ROSEMARY SALA & GOMEZ, P.A. 260 CRANDON BLVD. SUITE #14 KEY BISCAYNE FL 33149		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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. or 617.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED** Date: 10/24/02
 REGISTERED AGENT MUST SIGN

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 REQUIRED** Date: 10/24/02 Daytime Phone #: (305)606-9539
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

October 24, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

RE: Vernon & Vernon P.A.
Document Number P9900004002

To Whom It May Concern:

Enclosed herewith are the reinstatement form and my check in the amount of \$150.00.

I have never received any previous notice as to annual dues and this is the first notice that I have received asking for the corporation's dues.

If you have any questions or need anything further please call me at (305)606-9539.

Very truly yours,



Robert Vernon