

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P99000056076**

1. Corporation Name

**GARY C. MYERS, P.A.**

Principal Place of Business

Mailing Address

10612 HORIZON DRIVE  
SPRING HILL FL 34608

10612 HORIZON DRIVE  
SPRING HILL FL 34608



500024196745  
10/28/03--01018--022 \*\*150.00

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

06/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3582597

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPST	MYERS, GARY C	10612 HORIZON DRIVE	SPRING HILL FL 34608

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYERS, GARY C  
10612 HORIZON DRIVE  
SPRING HILL FL 34608

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Gary C. Myers*  
REGISTERED AGENT MUST SIGN

Date Oct. 22, 2003

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:

*Gary C. Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Oct. 22, 2003  
Daytime Phone # \_\_\_\_\_

CR2E040 (7/03)

Gary C. Myers, P.A.  
10612 Horizon Drive  
Spring Hill, Florida 34608

October 17, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, FL 32314-6327

Re: Document #99000056076

Dear Sir or Madam:

I am in receipt of your Notice of Administrative Dissolution for failure to file my 2003 Uniform Business Report. Please be advised I did not receive any notices prior to this notification regarding the filing of the report.

I respectfully request that you please accept the enclosed reinstatement form, along with my \$150.00 check. I thank you in advance for your anticipated cooperation in this matter.

Sincerely,

GARY C. MYERS, P.A.

  
Gary C. Myers,  
President

Enclosures