

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000060216

1. Corporation Name

JOANNE ALLEN, P.A.

Principal Place of Business

3930 SOUTH ROOSEVELT BLVD., UNIT E-308
KEY WEST FL 33040

Mailing Address

~~3930 SOUTH ROOSEVELT BLVD., UNIT E-308~~
~~KEY WEST FL 33040~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

PO BOX 5223
KEY WEST FL 33045-5223

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1999

5. FEI Number

65-0932741

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	ALLEN, JOANNE	3930 SO ROOSEVELT BLVD. #E-308	KEY WEST FL 33040

300004717023--5
-12/10/01--01093--007
****750.00 ****750.00

11/27

8. Name and Address of Current Registered Agent

RITSON, BRUCE
RITSON & COMPANY, P.A.
513 WHITEHEAD STREET
KEY WEST FL 33040

9. Name and Address of New Registered Agent

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

Bruce Ritson

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/26/2001

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:

Joanne Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/2001

Date

305/293-3045

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 28 PM 12:49



REINSTATEMENT 01

CR20040 (8/00)