

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 23 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067396

1. Corporation Name

Sharyon Lawson Neilen, P.A.

2. Principal Office Address
1033 Northern Way

Suite, Apt. #, etc.

City & State
Winter Springs, FL

Zip
32708

Country
USA

3. Mailing Office Address
1033 Northern Way

Suite, Apt. #, etc.

City & State
Winter Springs, FL

Zip
32708

Country
USA

**4. Date incorporated or Qualified
To Do Business in Florida 7/29/99**

5. FEI Number
65-0937829

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
Sharyon Lawson Neilen

Street Address (P.O. Box Number is Not Acceptable)
1033 Northern Way

Suite, Apt. #, Etc.

City
Winter Springs

State
FL

Zip Code
32708

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

Sharyon Lawson Neilen
REGISTERED AGENT MUST SIGN

Date 3/9/04

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
P	Sharyon Lawson Neilen	1033 Northern Way	Winter Springs, FL 32708

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:

Sharyon Lawson Neilen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

407-810-2888

Daytime Phone #

CR2E081 (01/04)

Torrillo & Associates, Inc.
accountants tax consultants

March 9, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing you per our conversation yesterday and on behalf of my client Sharyon Lawson Neilen, P.A., document #P99000067396, and the letter of corporate dissolution for 2003 she received. We have enclosed the application for reinstatement as per your instructions. We have also enclosed the letter of our original correspondence on November 30, 2003.

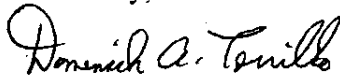
As you will see from that letter, my client did not receive the pre-printed Uniform Business Report that is usually mailed at the beginning of the year. Upon receiving a letter of corporate dissolution our firm immediately corresponded with your office and submitted the appropriate \$150 fee. Your office on December 5, 2003 corresponded with my client and stated that you needed an original signature along with the \$150 filing fee for the 2004 year. My client signed the originally filed form and mailed the appropriate fee on January 18, 2004.

Currently you have \$300 credited to the account. We are requesting that the application for reinstatement be approved, the corporate documents and account be updated to reflect timely filing, an active status for 2003, and an active status for 2004.

My client always files required documents in a timely manner. She did not intentionally defraud her obligation or impose carelessness or willful neglect to meet her filing requirement.

Please contact me with any questions or concerns.

Sincerely,


Domenick A. Torrillo