

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071214

1. Corporation Name

DEBRA L. FERWERDA, P.A.

Principal Place of Business

351 E SR 434 STE A
WINTER SPRINGS FL 32708

Mailing Address

351 E SR 434 STE A
WINTER SPRINGS FL 32708

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1999

5. FEI Number

59-1246182

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

X

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FERNERDA, DEBRA L	351 E SR 434 STE A	WINTER SPRINGS FL 32708
	FERWERDA, DEBRA L.		

000008643060
10/29/02--01023--012 **158.75

8. Name and Address of Current Registered Agent

FERWERDA, DEBRA L
351 E SR 434 STE A
WINTER SPRINGS FL 32708

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

407-327-8899

CR2E040 (8/02)

Jacobson
McClellan
Chmelir & Ferwerda

Amanda R. Jacobson
Randy McClellan

ATTORNEYS AT LAW

Andrew J. Chmelir
Debra L. Ferwerda

October 25, 2002

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

To Whom It May Concern:

I received a Notice of Administrative Dissolution or Revocation in the mail today, however, I had not received previous uniform business reports. As previous notices had not been received, I have enclosed a check for the regular filing fee plus a certificate of status.

Please call me at the below number if you have any questions. I apologize for any inconvenience this may have caused.

Sincerely,



Debra L. Ferwerda, Esq.