

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000071214**

1. Corporation Name

DEBRA L. FERWERDA, P.A.

Principal Place of Business

Mailing Address

351 E SR 434 STE A
WINTER SPRINGS FL 32708

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 ☐

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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

407-327-8899

FILED

03 OCT 14 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03



200023783372
10/14/03--01020--027 **150.00

CR2EC040 (7/03)

Jacobson
McClellan
Chmelir & Ferwerda

Amanda R. Jacobson
Randy McClellan

ATTORNEYS AT LAW

Andrew J. Chmelir
Debra L. Ferwerda

October 9, 2003

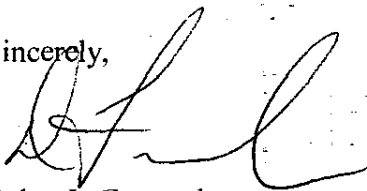
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Corporate Name: Debra L. Ferwerda, P.A.
Document Number: P99000071214

To Whom It May Concern:

I received a Certificate of Administrative Dissolution or Revocation today, however, I never received notice to file the annual report. Please waive the reinstatement fee. I have enclosed a check for \$150.00.

Sincerely,



Debra L. Ferwerda