

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000071368**

1. Corporation Name

PARKER, RYAN & ASSOCIATES, INC.

Principal Place of Business

1511 US HWY 1
SUITE 204
SEBASTIAN FL 32958

Mailing Address

1511 US HWY 1
SUITE 204
SEBASTIAN FL 32958

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

08/11/1999

5. FEI Number

65-0939312

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
PD	JUPIN, JOHN	1511 US HWY 1 SUITE 204	SEBASTIAN FL 32958
PD	LONG, CHARLES	1511 US HWY 1 SUITE 204	SEBASTIAN FL 32958

800008635408

10/28/02--01113--010 **550.00

8. Name and Address of Current Registered Agent

LONG, CHARLES
967 FELLSMERE ROAD STE G
SEBASTIAN FL 32958

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

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

Daytime Phone #

10/21/02

CR2E040 (8/02)

Parker, Ryan & Associates, Inc.

1511 US Highway 1 Suite 203 Sebastian, FL. 32958-0626

Toll Free: (800) 884-6454 Fax: (772) 589-6336

Local: (772) 589-3992 Visit us at www.ParkerRyan.com

10/26/2002

Division of Corporation
409 East Gaines Street
Tallahassee, FL 32958

Corporation Division,

On 8/6/2002 a letter stating we had not received our first form from your office along with check # 3278 in the amount of \$550.00. This check has not cleared our bank as of 10/26/02. Please find enclosed a cashiers check in the amount of \$550.00 so we can be reinstated..Also attached find the signed form you requested. Thank you for your help in this matter. If you have any questions please contact us at 800-884-6454.

Charles Long

