

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 16 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000099070

## 1. Corporation Name

Steven G. Casanova, P.A.

REINSTATEMENT 02-04

800027117058  
01/16/04--01065--008 \*\*1050.00

## 2. Principal Office Address

100 Rialto Place

## 3. Mailing Office Address

Suite, Apt. #, etc.

510

Suite, Apt. #, etc.

City &amp; State

Melbourne, Florida

City &amp; State

Zip

32901

Country

Brevard

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/99

## 5. FEI Number

59-3607674

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

Steven G. Casanova

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

100 Rialto Place

Suite, Apt. #, Etc.

510

City

Melbourne

State  
FLZip Code  
32901

## 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

Date

1-12-04

REGISTERED AGENT MUST SIGN

## 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,S,T	Steven G. Casanova	100 Rialto Place suite 510	Melbourne, FL 32901

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)(f), 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:

STEVEN G. CASANOVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04

Date

321-725-3700

Daytime Phone #

CR2081 (10/02)

STEVEN G. CASANOVA, P.A.  
ATTORNEY AT LAW

January 13, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document #P99000099070, Steven G. Casanova, P.A. Reinstatement


To Whom It May Concern:

Please find enclosed the Corporation Reinstatement form as well as a check in the amount of \$1050.00.

I request that the \$600 Reinstatement fee be waived as the corporation address changed in November of 2000. Therefore, the Annual Report Notice for 2002 was not received even though the mailing address was changed with the Postal Service. I only recently found out that my corporation was administratively dissolved and immediately took steps to reinstate my corporation. I appreciate your consideration of my request and ask that the reinstatement be expedited.

If you should have any questions, please do not hesitate to contact my office at 321-725-3700. I appreciate your immediate attention in this matter.

Sincerely,



Steven G. Casanova, Esq.

SGC/csd

enclosure