## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINWATEMENT



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## P99000105372 DOCUMENT #

1. Corporation Name

Principal Place of Business

PIERCE & LEMONIDIS, P.A.

Mailing Address



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

709 S. HARBOR CITY BLVD. 709 S. HARBOR CITY BLVD. SUITE 230 SUITE 230 MELBOURNE FL 32901 MELBOURNE FL 32901 05/05/01/90631001 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 Date Incorporated or Qualified To Do Business in Florida 12/06/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D PIERCE, JULIE 709 S. HARBOR CITY BLVD. MELBOURNE FL 32901 LEMONDIS, ROBIN 709 S. HARBOR CITY BLVD. D MELBOURNE FL 32901 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent PIERCE, JULIE E Street Address (P.O. Box Number is Not Acceptable) 709 S. HARBOR CITY BLVD. SUITE 230 Suite, Apt. #, Etc. **MELBOURNE FL 32901** City State 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN

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 filling 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 A D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## PIERCE & LEMONIDIS, P.A.

JULIE GLOCKER PIERCE
BOARD CERTIFIED SPECIALIST

709 S. HARBOR CITY BLVD.
SUITE 230
MELBOURNE, FLORIDA 32901

ROBIN C. LEMONIDIS BOARD CERTIFIED CRIMINAL TRIAL SPECIALIST

IN MARITAL AND FAMILY LAW

(321) 728-4955 TELEPHONE (321) 724-2114 FACSIMILE

October 16, 2001

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

To Whom It May Concern:

Enclosed is a copy of a Certificate of Administrative Dissolution. We filed our corporate report on April 26 2001. We sent our filing fee with that report. We apparently did not include an EIN number. We have not had one because the two attorneys are sole practitioners who use the corporation strictly for the purpose of paying rent and malpractice insurance. Each of us files separate tax returns, 941s and unemployment insurance. We each have individual EIN numbers.

My paralegal, Deborah Tuttle, manages the few items that we do jointly, including filing the annual report. She indicates that your office says a letter was forwarded to us in May directing us to obtain an EIN number. We either did not get the letter or it was mislaid. Ms. Tuttle was caring for her dying father at the time and her brother had just been diagnosed with terminal cancer; the letter may well have been mislaid but neither I nor my partner ever saw the letter. We are asking that you please waive the fee for reinstatement.

Thank you for any consideration that you are able to provide.

Sincerely yours

Julie Glocker Pierce