


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 MAR 11 AM 11:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **505981**

1. Corporation Name
Law Office of A. CLARK CONE, P.A.

200005172452--2
 -03/27/02--01074--016
 ***300.00 ***300.00

2. Principal Office Address 801 Spencer Drive		3. Mailing Office Address 801 Spencer Drive.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL.	
Zip 33409	Country USA	Zip 33409	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **10/15/90**

5. FEI Number **65 0228991**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name **CLARK CONE**

Street Address (P.O. Box Number is Not Acceptable)
8607 Wendy Lane East

Suite, Apt. #, Etc.

City **West Palm Beach** State **FL** Zip Code **33411**

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 **3/7/02**

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
PVT	CLARK CONE	8607 Wendy Lane East	West Palm Beach, FL 33409
S	CLARK CONE	8607 Wendy Lane East	West Palm Beach, FL 33409

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)(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:  **CLARK CONE** Date **3/7/02** Daytime Phone # **561-687-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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A. CLARK CONE

ACADEMY OF FLORIDA TRIAL LAWYERS
(BOARD OF DIRECTORS 1988-PRESENT)
ASSOCIATION OF TRIAL LAWYERS OF AMERICA
(FLORIDA DELEGATE 1997-PRESENT)
FLORIDA BAR BOARD CERTIFIED CIVIL TRIAL LAWYER

ALJ. CONE

ACADEMY OF FLORIDA TRIAL LAWYERS (PRESIDENT, 1961)
(BOARD OF DIRECTOR EMERITUS)
ASSOCIATION OF TRIAL LAWYERS OF AMERICA (PRESIDENT, 1968)

March 7, 2002

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

Re: Reinstatement of "Law Office of A. Clark Cone, P.A."

To Whom It May Concern:

Please find enclosed the Corporation Reinstatement Form and my check (#11356) in the amount of \$300. The person I spoke with on the phone indicated that the \$300 would be appropriate if I indicated in this letter that the change of address had not been made when the principal place of business address had changed. I never received the annual paperwork regarding my corporation and the paperwork was shown to have been returned to your office.

If you have any questions please do not hesitate to contact my office.

Sincerely,

A. Clark Cone, Esq.