

APPLICATION FOR REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

JUN 22 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S24455
1. Corporation Name
JOSEPH F. WHITEHEAD, P.A.

Principal Place of Business Mailing Address
5201 RAVENSWOOD RD. 5201 RAVENSWOOD RD.
SUITE 111 SUITE 111
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312
US

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 Address, If Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida 1/11/1991
5. FEI Number 65-0496758 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WHITEHEAD, JOSEPH F	5201 RAVENSWOOD RD. STE 111	FT LAUDERDALE FL 33312

REINSTATEMENT 98-99
SCC 1-22-99

8. Name and Address of Current Registered Agent
WHITEHEAD, JOSEPH F
5201 RAVENSWOOD RD
SUITE 111
FT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent
Name - SAME -
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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: Joseph F. Whitehead Date: January 22, 1999
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Joseph F. Whitehead Joseph F. Whitehead 1/22/99 (954) 963-9495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

S24455

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

CORPORATION REINSTATEMENT

JOSEPH F. WHITEHEAD, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75