

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S54627

1. Corporation Name

JOHN FULLER, P.A.

Principal Place of Business

1111 LINCOLN RD MALL
802
MIAMI BEACH FL 33139
US

Mailing Address

1111 LINCOLN RD MALL
802
MIAMI BEACH FL 33139
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1991

5. FEI Number

65-0265130

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FULLER, JOHN	1111 LINCOLN RD MALL	MIAMI BEACH FL 33139
			200008573812 10/24/02--01089--003 **150.00

8. Name and Address of Current Registered Agent

FULLER, JOHN
1111 LINCOLN RD MALL
802
MIAMI BEACH FL 33139

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

10/22/02

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

John Fuller

Date

Daytime Phone #

10/22/02 35538-6413

CR20040 (802)

FULLER, FULLER & ASSOCIATES, P.A.

ATTORNEYS AT LAW

LAWRENCE A. FULLER*
JOHN P. FULLER
*BOARD CERTIFIED IN CIVIL TRIAL LAW

SUN TRUST BUILDING
PENTHOUSE 802
1111 LINCOLN ROAD MALL
MIAMI BEACH, FLORIDA 33139-2493

DADE (305) 538-6483
BROWARD (954) 463-6570
FAX (305) 534-9894
E-MAIL: ffa@fullerfuller.com

JAMES V. JOHNSTONE
MARK T. GUARIGLIA

Re John Fuller PA

10/22/02

To Whom It May Concern,

Enclosed is a check in the amount of \$150 to reimburse the corporation, John Fuller PA. The prior VBR notices were not received as the entity doing business at the address provided changed to Fuller Fuller & Assoc.

I have changed the mailing address on the file for John Fuller P.A. to correct this problem in the future.

Thank you

John P. Fuller

John Fuller PA
President, Director