

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09483

1. Corporation Name

JAMES G. WELLS, C.P.A., P.A.

Principal Place of Business

3328 KAVALLER DR
PALM HARBOR FL 34684
US

Mailing Address

P O BOX 1463
PALM HARBOR FL 34682
US

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

2. New Principal Office Address, If Applicable

1392 Chelsea Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1392 Chelsea Drive

Suite, Apt. #, etc.

City & State

Tarpon Springs, Florida

Zip

34689

Country

Pinellas

City & State

Tarpon Springs, Florida

Zip

34689

Country

Pinellas

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SECRETARY OF STATE
REINSTATEMENT



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4. Date Incorporated or Qualified To Do Business in Florida	01/17/1992
5. FET Number	59-3112536
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For Not Applicable
\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WELLS, JAMES G.	3328 KAVALLER DR	PALM HARBOR FL
D	Wells, James G.	1392 Chelsea Drive	Tarpon Springs Florida 34689

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01/05/05--01010--015 **952.00

8. Name and Address of Current Registered Agent

WELLS, JAMES G.
3328 KAVALLER DR
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name

Wells, James G.

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

1392 Chelsea Drive

Suite, Apt. #, Etc.

City

Tarpon Springs FL 34689

State

FL

Zip Code

34689

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

REGISTERED AGENT MUST SIGN

Date 12/31/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/04 (727) 945-1162

CR2E040 (7/03)

2012

James G. Wells, CPA, PA
1392 Chelsea Drive
Tarpon Springs, Florida 34689
Wk. (727) 945-1162 Fax (727) 945-7572
Document Number V09483

January 12, 2005

Eula
Department of State
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

Eula:

Per our phone conversation today, January 12, 2005, I am faxing to you the Application for Reinstatement. Based upon our conversation you stated that you will process this application and would refund to me the over payment of \$ 52.00. In addition, I will mail to you the original application so that you will have my original signature.

If you have any questions, please do not hesitate to call or write to me.

Sincerely,


James G. Wells

Re Fund 1/12/05
EP