PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

RICHARD E. TULLIE, P.A.

Principal Place of Business

621 N.W. 63RD STREET

Mailing Address

621 N.W. 53AD STREET

If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable

IS this incorrect information and enter correction below.	REINSTATEMENT	T 03
3. New Mailing Office Address, It Applicable 9971 N. Folora Huy Suite, Apt. #, etc.	Date incorporated or Qualified To Do Business in Florida O4/08/	1992
Suite 401	5. FEI Number	Арр
City & State	65-0325448	Not

CERTIFICATE OF STATUS DESIRED

FILED

03 OCT 13 AM 8: 2-1-

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	TULLIE, RICHARD E	021 NW 53170, 8TREET, SUITE 265	BOCA RATON FL		
		6971 N. Federal Hwy. Suite 401	BOCA WATON, FC 33487		
		10/13/	0023760351 0301091003 **750.00		
	0.41.				

8. Name and Address of Current Registered Agent

TULLIE, RICHARD E. 8

621 N.W. 53RD STREET, SUITE 385

ONE PARK PLACE

BOCA RATON FL 33487

Applied For Not Applicable

10. I, being appointed the registered agent of the ab corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

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. (561)241-5788

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR