

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2013-2015

**FILED**

15 DEC 29 AM 0:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V60811

1. Corporation Name

Law Offices of Muller & Sommerville, P.A.

2. Principal Office Address - No P.O. Box #

529 N. Magnolia Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

529 N. Magnolia Ave.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32801

Country

U.S.A.

Zip

32801

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1992

5. FEI Number

59-3135065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas D. Sommerville

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

529 N. Magnolia Ave.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

200280464392  
12/30/15--01001--001 \*\*1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 507.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/29/15

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
P	Thomas D. Sommerville	529 N. Magnolia Ave.	Orlando, FL 32801

10. E-mail Address: tom@sommervillelaw.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/15

(407)426-1204

Date

Daytime Phone #