

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043121

1. Corporation Name

DANIEL W. MCCAWLEY, P.A.

Principal Place of Business

Mailing Address

1625 LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

1625 LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2001

5. FEI Number

65-1100498

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	MCCAWLEY, DANIEL W	1625 LAS OLAS BLVD.	FT. LAUDERDALE FL 33301

700023369047
10/21/03--01058--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCAWLEY, DANIEL W
1625 LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

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

Daniel W McCawley
REGISTERED AGENT MUST SIGN

Date

OCT 9-03

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:

Daniel W McCawley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 9-03

Date

954-4635051

Daytime Phone #

CR2E040 (7/03)

October 17, 2003

Daniel W. McCawley DDS
1625 East Las Olas Boulevard
Fort Lauderdale, FL 33301

To Whom It May Concern:

Please be advised that this is the first uniform business (UBR) report that I have received. Enclosed is a check in the amount of \$150.00 to reinstate this corporation to "active" status.

If you need anything further, I can be contacted at (954)463-5051.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan McCawley", followed by a long horizontal flourish.

Daniel W. McCawley DDS