PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR -3 AM 8:41
TALLAHASSEE, FLORIDA

DOCUMENT # P04000000572

REINSTATEMENT 04/07

CR2E081 (1/07)

1. Corporation Name
MAUREEN MESSINA P.A.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
150 WISTERIA DRIVE	150 WISTERIA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LONGWOOD FL	LONGWOOD FL
Zip 32779 Country USA	Zip 32779 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1215037 ☐ 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: MAUREEN E. MESSINA

Street Address (P.O. Box Number is Not Acceptable): 150 WISTERIA DRIVE

Suite, Apt. #, Etc.:

City: LONGWOOD State: FL Zip Code: 32779

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: x Maureen Messina PA Date: 2/26/07

REGISTERED AGENT MUST SIGN

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
PRES	MAUREEN E. MESSINA	150 WISTERIA DR	LONGWOOD FL 32779
SEC	MAUREEN E MESSINA	150 WISTERIA DR	LONGWOOD FL 32779
TREAS	MAUREEN E MESSINA	150 WISTERIA DR	LONGWOOD FL 32779
		000095917770 04/09/07--01055--018 **600.00	

10. 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 contained in Chapter 119, 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: x Maureen Messina PA 2/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/2

Maureen Messina, P.A.

150 Wisteria Drive, Longwood, FL 32779
ph 407-774-7942 cell 407-865-3447
e mail messinamarketing@msn.com

February 26, 2007

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Gentlemen;

Enclosed is my renewal form and my check for $150.00 . I was notified by my accountant about the renewal and when I went on line for the forms I was told the corporation had been cancelled. I never received a renewal form in the mail. Please waive the penalty, accept my check for $150.00 and renew my corporation, MAUREEN MESSINA, P.A.

Thank you.

Sincerely,

Maureen E. Messina
President