

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 23 PM 3:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087823**

1. Corporation Name

**MCGONAGILL & COMPANY, P.A.**

Principal Place of Business

Mailing Address

5642 CREEKWOOD DR  
 SARASOTA FL 34233  
 US

5654 CREEKWOOD DR  
 SARASOTA FL 34233  
 US

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

12/02/1994

5. FEI Number

65-0539182

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MCGONAGILL, MARGARET LYNN	5642 CREEKWOOD DR.	SARASOTA FL 34233
V	MCGONAGILL, GEORGE W	5642 CREEKWOOD DRIVE	SARASOTA FL 34233
300003455723--8 -11/07/00--01097--024 ****750.00 ****750.00			
<b>REINSTATEMENT 2000</b>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGONAGILL, MARGARET LYNN  
 5642 CREEKWOOD DR  
 SARASOTA FL 34233

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

CR2E040 (6/00)

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.

Signature of Registered Agent *M. Lynn McGonagill*

Date 10/19/00

REGISTERED AGENT MUST SIGN

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

*M. Lynn McGonagill*  
 M. LYNN McGonagill

Date

10/19/00

Daytime Phone #

941-371-6815