

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 24 AM 8:54

DOCUMENT # P98000015630

1. Corporation Name

John C. Mullin, Jr., P.A.

2. Principal Office Address

169 E. Flagler St

Suite, Apt. #, etc.

Ste. 1523

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

169 E. Flagler St

Suite, Apt. #, etc.

Ste. 1523

City & State

Miami, FL

Zip

33131

Country

USA

REINSTATEMENT
CR2E081 (12/05)

02-06

4. Date Incorporated or Qualified To Do Business in Florida

2-17-98

5. FEI Number

65-0814519

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

John C. Mullin, Jr

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

169 E Flagler St,

Suite, Apt. #, Etc.

ste 1523

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

2/9/06

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	John C. Mullin, Jr	10281 E. Bay Harbor Dr, 4A	Bay Harbor Is, FL 33154

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-9-06 (305) 372-2727

Daytime Phone #

3130
cew

212

Law Offices of
JOHN C. MULLIN, JR.
169 E. Flagler Street, Suite 1523
Miami, Florida 33131

JOHN C. MULLIN, JR.

TELEPHONE: (305) 372-2727

FAX: (305) 372-2929

March 17, 2006

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

**Re: John C. Mullin, Jr., P.A.
Document # P98000015630**

Dear Madam or Sir:

Enclosed please find the completed application for reinstatement of the captioned Florida for-profit corporation.

Please allow this letter to serve as my corporation's formal request that the reinstatement fee be waived inasmuch as I did not receive annual report notices for 2002, 2003, 2004 and 2005.

I am enclosing my firm's check (number 4523) in the amount of \$758.75, which represents payment of the annual report fees and corporate supplemental fees for the years 2002, 2003, 2004, 2005 and 2006 along with the \$8.75 charge for the one Certificate of Status which I have requested.

Thank you for your attention to this request and please do not hesitate to contact me should you require any additional information.

Very truly yours,


John C. Mullin, Jr.

/JCM