PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 22 AM 10:10

DOCUMENT # 697257

1. Corporation Name

MICHAEL S. ATWOOD, P.A.

Principal Place of Business	Mailing Address
1901 FOGARTY AVENUE KEY WEST FL 33040	~~3713 WINKLER EXT~~ P.O. Box 7755 ~~#1525~~ FT ~~MYERS FL 33916~~ Ft Myers, FL 33911

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 7755
City & State	City & State Ft. Myers, FL
Zip / Country	Zip 33911 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/03/1981

5. FEI Number: 59-2127196 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	ATWOOD, MICHAEL S	~~3713 WINKLER EXT. # 1525~~ P.O. Box 7755	FT MYERS FL ~~33916~~ 33911
PST	ATWOOD, MICHAEL STEVEN	~~3713 WINKLER EXT. #1525~~ P.O. Box 7755	FT MYERS FL ~~33916~~ 33911

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-12/11/00--01035--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ATWOOD, MICHAEL S
3713 WINKLER EXT.
APT. 1525
FT MYERS FL 33916

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 8450 Beacon Blvd

Suite, Apt. #, Etc.

City Ft Myers | State FL | Zip Code 33993

CR2E040 (8/00)

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 X Michael S Atwood Date Nov 15, 2000
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: X Michael S Atwood Nov 15, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089228 AF