

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL -5 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #F36962

**1. Corporation Name**

MAGUIRE AND FRIEND, P.A.

**2. Principal Office Address**

2100 Ponce de Leon Blvd.

Suite, Apt. #, etc.  
1170

**City & State**

Coral Gables, FL

Zip  
33134

Country  
Miami-Dade

**3. Mailing Office Address**

2100 Ponce de Leon Blvd.

Suite, Apt. #, etc.  
1170

**City & State**

Coral Gables, FL

Zip  
33134

Country  
Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/1/81

**5. FEI Number**

59-2093890

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**

Maguire, Michael P.

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

2100 Ponce de Leon Blvd.

**Suite, Apt. #, Etc.**

1170

**City**

Coral Gables

State  
FL

Zip Code  
33134

**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

*Michael P. Maguire*

Date

6/29/06

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
VSD	Friend, Michael R.	2100 Ponce de Leon Blvd. Suite 1170	Coral Gables, FL 33134
PD	Maguire, Michael P.	2100 Ponce de Leon Blvd. Suite 1170	Coral Gables, FL 33134

000077346350  
07/11/06--01036--015 \*\*1050.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael R. Friend* MICHAEL R. FRIEND

Date

6/29/06

Daytime Phone #

305.443.0820