PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS | FILED
05 JUN 29 P 4:11
SECRE...
TALLAHASSEE, FLORIDA |

DOCUMENT # F66107

1. Corporation Name
McEntee & Associates, P.A.

REINSTATEMENT 99-05

2. Principal Office Address 2090 Palm Beach Lakes Blvd	**3.** Mailing Office Address 2090 Palm Beach Lakes Blvd	
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300	**4.** Date Incorporated or Qualified To Do Business in Florida 02/05/1982
City & State West Palm Beach, FL	City & State West Palm Beach	**5.** FEI Number 59-2159863 / Applied For / Not Applicable

| Zip
33409 | Country | Zip
33409 | Country | **6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status |

7. Name and Address of Current Registered Agent

Name
McEntee, Jr., William J.

Street Address (P.O. Box Number is Not Acceptable)
2090 Palm Beach Lakes Blvd

4000564487004
06/23/05--01066--003 **105.00

Suite, Apt. #, Etc.
Suite 300

| City
West Palm Beach | State
FL | Zip Code
33409 |

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 _____   Date X 6/17/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
D, P	McEntee, Jr., William J.	2090 Palm Beach Lakes Blvd, #300	West Palm Beach, FL 33409

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 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 _____ William J. McEntee JR x 6/17/05 561-227-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #