

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 16 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G23751

1. Corporation Name

KELLY AND SCHIRO, P.A.

2. Principal Office Address

1880 ARLINGTON ST

3. Mailing Office Address

1880 ARLINGTON ST.

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34239

Country

SARASOTA

Zip

34239

Country

SARASOTA

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

2/11/83

5. FEI Number

651064163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

THOMAS F. KELLY

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

1880 ARLINGTON STREET

Suite, Apt. #, Etc.

SUITE 103

City

SARASOTA,

State
FL

Zip Code

34239

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

Thomas F. Kelly

REGISTERED AGENT MUST SIGN

Date 12/11/02

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
PTD	THOMAS F. KELLY	1880 ARLINGTON ST STE 103,	SARASOTA, FL 34239

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: THOMAS F. KELLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Kelly

Date

12/11/02

Daytime Phone #

CR2E081 (9/01)