

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M52928

1. Corporation Name

James C. Kelley, P.A.

2. Principal Office Address - No P.O. Box #

12651 S Dixie Hwy

Suite, Apt. #, etc.

201

City & State

Pinecrest, FL

Zip

33156-5955

Country

Miami-Dade

3. Mailing Office Address

12651 S Dixie Hwy

Suite, Apt. #, etc.

201

City & State

Pinecrest, FL

Zip

33156-5955

Country

USA

7. Name and Address of Current Registered Agent

Name

James C. Kelley, Esquire

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

12651 S Dixie Hwy

Suite, Apt. #, Etc.

-201

City

Miami

State

FL

Zip Code

33156-5955

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

Date 07/22/2010

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
P	James C. Kelley	12651 S Dixie Hwy Ste 201	Pinecrest FL 33156-5955

10. E-mail Address: jckpa@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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

07/22/2010

Date

3056700828

Daytime Phone #

FILED

10 AUG -2 PM 2:10

SELLER'S OFFICE
TALLAHASSEE, FLORIDA

000183901950
08/02/10--01051--018 **1508.75

REINSTATEMENT

05-10

4. Date Incorporated or Qualified
To Do Business in Florida

May 29, 1987

5. FEI Number

59 - 2823639

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8/30