

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M92262

1. Corporation Name **P.A. MCCULLOUGH & ASSOCIATES, INC.**

99 JAN 25 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

REINSTATEMENT 94-99
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
201 Gulf of Mexico Drive

Suite, Apt. #, etc.
Suite 6

City & State
Long Boat Key, Florida

Zip
34228

Country
USA

3. New Mailing Address, If Applicable
P. O. Box 2583

Suite, Apt. #, etc.

City & State
Sarasota, Florida

Zip
34230

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **7/28/88**

5. FEI Number
65-0121289

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVD	James E. Clabaugh	201 Gulf of Mexico Dr., Ste. 6	Longboat Key, FL 34228
TSD	Pamela Anne McCullough	201 Gulf of Mexico DR., Ste. 6	Longboat Key, FL 34228

600002756616--9
-01/27/99--01072--018
*****1500.00 ***1500.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Pamela Anne McCullough
201 Gulf of Mexico Drive
Suite 6
Longboat Key, FL 34228

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

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

Pamela A. McCullough

REGISTERED AGENT MUST SIGN

Date **January 22, 1999**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: James E. Clabaugh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 1999

Date

Daytime Phone #

CR2E040 (12/95)