

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 NOV -6 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008829208

11/06/02--01071--004 **150.00

DOCUMENT # P00000008160

1. Corporation Name

PATRICK K. TOAL ASSOCIATES, INC.

Principal Place of Business

2512 ST MICHEL CT
PONTE VEDRA BEACH FL 32082

Mailing Address

2512 ST MICHEL CT
PONTE VEDRA BEACH FL 32082

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2000

5. FEI Number

59-3612992

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 3	City / State / Zip 4
0	TOAL, PATRICK K	2512 ST MICHEL CT	PONTE VEDRA BEACH FL 32082

8. Name and Address of Current Registered Agent

TOAL, PATRICK K
2512 ST MICHEL CT
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/21/02

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02
Date
285-7708
Daytime Phone #

Patrick K. Toal Associates, Inc

2512 St. Michel Ct. Ponte Vedra Beach Florida 32004-1308
TEL: 904-285-7708 FAX: 904-273-2924 Email: ptoal@attbi.com

Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

To whom it may concern:

~~I've been incorporated since January 25, 2000 and this revocation is the first contact I've~~
had with your offices since filing the initial application. This would suggest that I've not
received any UBR notices so I forward this application for reinstatement and the required
\$150.00 fee for reinstatement.

Should you have any questions, feel free to contact me at the above location.

Sincerely yours,

 *October 25, 2007*

Patrick K. Toal
President/owner