

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001 UBR 10/17

FILED

01 OCT 19 PM 12:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000009075

1. Corporation Name

JAMES M. KELLEY, P.A.

Principal Place of Business

Mailing Address

14095 TROUVILLE DRIVE
TAMPA FL 33624-6963

14095 TROUVILLE DRIVE
TAMPA FL 33624-6963



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/2000

5. FEI Number

59-3619704

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
P	JAMES M. KELLEY	14095 TROUVILLE DRIVE	TAMPA FL 33624-6963

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLEY, JAMES M
14095 TROUVILLE DRIVE
TAMPA FL 33624-6963

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

James M. Kelley
REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

James M. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/01

Date

Daytime Phone #

CR20040 (8/01)

Attachment 11957 [REDACTED]

2/22

#P00000009075

TO WHOM IT MAY CONCERN:

THIS IS THE FIRST NOTICE
I RECEIVED FOR RENEWAL. I CALLED
THE DIVISION OF CORPORATIONS
AND WAS INSTRUCTED TO MAIL A
CHECK IN THE AMOUNT OF \$150.00.

THANK YOU,

J. M. Kelly