

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 16 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079727

1. Corporation Name

ANDREAS M. KELLY, P.A.

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

6100 Blue Lagoon Drive

3. Mailing Office Address

6100 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 360

Suite, Apt. #, etc.

Suite 360

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2000

5. FEI Number

651033770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREAS M. KELLY

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

6100 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 360

City

Miami

State

FL

Zip Code

33126

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

by **A. Howard as atty in fact**

Date **11/15/07**

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
D	ANDREAS M. KELLY	6100 Blue Lagoon Drive Suite 360	Miami, FL 33126

000112463450
11/20/07--01042--025 **750.00

REINSTATEMENT
03-07

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 contained in Chapter 119, 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:

by **A. Howard as atty in fact**

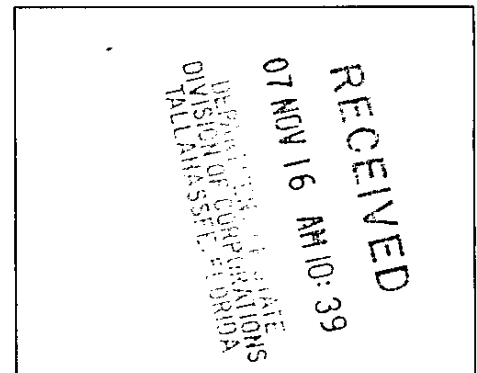
Date **11/15/07** 5616948107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

1. ANDREAS M. KELLY, P.A.

CK# 3382

AMOUNT \$750.00

PLEASE FILE THE ATTACHED REINSTATEMENT & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials