

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000082934

1. Corporation Name

MATTHEW E. TRACY, PA

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

8815 CONROY WINDERMERE RD

Suite, Apt. #, etc

STE 204

City & State

ORLANDO, FL

Zip

32835

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip

Country

**FILED**

10 MAR 29 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000173356130  
03/29/10--01018--013 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 08/28/2000

5. FEI Number  
59-3668959

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

MATTHEW E TRACY PA

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

8815 CONROY WINDERMERE RD

Suite, Apt. #, Etc

STE 204

City

ORLANDO

State

FL

Zip Code

32835

☒ 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

REGISTERED AGENT MUST SIGN

Date 03/22/2010

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	MATTHEW E TRACY	8815 CONROY WINDERMERE RD STE 204	ORLANDO, FL 32835
	REINSTATEMENT	RH	

10. E-mail Address:

(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:

MATTHEW E TRACY

03/22/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #