

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 8:40

DOCUMENT # **P00000107663**

1. Corporation Name

PETER F. MCCANN P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800008899178
11/08/02--01124--007 **150.00

Principal Place of Business

**333 PERUVIAN AVENUE
PALM BEACH FL 33480**

Mailing Address

**333 PERUVIAN AVENUE
PALM BEACH FL 33480**

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

11/17/2000

5. FEI Number

65-1057380

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
PD	MCCANN, PETER F	333 PERUVIAN AVENUE	PALM BEACH FL 33480

8. Name and Address of Current Registered Agent

**Peter
MCCANN, PERER F
333 PERUVIAN AVENUE
PALM BEACH FL 33480**

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

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-29-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-02

CR2E040 (8/02)

**Peter F. McCann
333 Peruvian Avenue
Palm Beach, FL 33480**

October 30, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

**Re: Application for Reinstatement Document # P00000107663
Peter F. McCann P.A.**

Dear Sir or Madam:

Please accept my check payable to Florida Department of State in the amount of \$150.00 for re-instatement of my corporation. For reasons unknown I did not receive the two prior uniform business report notices.

Please feel free to call me with any questions, 561-329-9413.

Thank you for your consideration.

Sincerely,



Peter McCann
President, Peter F. McCann, PA