

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 20 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112195

1. Corporation Name

MICHAEL A. TOMANY, P.A.

Principal Place of Business

Mailing Address

1480 CURLEW AVENUE
NAPLES FL 34102

1480 CURLEW AVENUE
NAPLES FL 34102

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

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
PSTD	TOMANY, MICHAEL A	1480 CURLEW AVENUE	NAPLES FL 34102

400004883294--9
-02/06/02--01055--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

MICHAEL TOMANY

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

2386 LINWOOD

Suite, Apt. #, Etc.

City

NAPLES FL

State

FL

Zip Code

34112

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

Michael A. Tomany
REGISTERED AGENT MUST SIGN

Date Nov 20 2001

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:

Michael A. Tomany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 20 2001

Daytime Phone #

941-
571-8259

CR2E040 (9/01)

DO NOT REMOVE!

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NOVEMBER 21, 2001

DIVISION OF CORPORATIONS,

ENCLOSED IS MY FILING FEE AND REINSTATEMENT APPLICATION. AS OF DECEMBER 2000, I WAS A NEW CORPORATION PER THE ACCOUNTANT THAT REGISTERED ME. AT THAT TIME I WAS LOCATED AT 1480 CURLEW AVE, NAPLES, BUT MOVED IN JANUARY 2001. I FORWARDED MY MAIL AT THAT TIME BUT DID NOT DO A FORWARD ON THE P.A. ASSUMING THE POST OFFICE WOULD FORWARD IT DUE TO IT BEING IN MY NAME. UPON MY TENANTS MOVING OUT OF 1480 CURLEW JUST RECENTLY, I DISCOVERED OLD MAIL, ONE OF WHICH WAS YOUR NOTICE DISSOLVING MY P.A. I APOLOGIZE FOR NOT FILING THIS AND HAVE CORRECTED THE SITUATION BY NOTIFYING THE POST OFFICE TO ALSO FORWARD P.A. MAIL. I CAN BE REACHED AT 941-571-8239 IF ANY FURTHER EXPLANATION IS NECESSARY.

Michael A. Tomany

MICHAEL A TOMANY