

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 30 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000011784**
1. Corporation Name **Thomas P. O'Connell DAS PA**

800160723918
09/16/09--01025--006 **900.00

2. Principal Office Address - No P.O. Box # **4235 Marsh Landing Blvd**
3. Mailing Office Address **4235 Marsh Landing Blvd.**
Suite, Apt. #, etc. **#524** Suite, Apt. #, etc. **524**
City & State **JACKSONVILLE Bch. FL.** City & State **JACKSONVILLE Bch. FL.**
Zip **32250** Country **USA** Zip **32250** Country **USA**

800160723918
09/16/09--01025--007 **8.75
REINSTATEMENT **03-09**

4. Date Incorporated or Qualified To Do Business in Florida **1/31/01**
5. FEI Number **59-3698926**
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name **Thomas P. O'Connell DAS**
Street Address (P.O. Box Number is Not Acceptable) **4235 Marsh Landing Blvd #524**
Suite, Apt. #, Etc.
City **JACKSONVILLE Bch** State **FL** Zip Code **32250**

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 **Thomas P. O'Connell DAS** Date **9/8/09**
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
President	Thomas P. O'Connell	4235 Marsh Landing Blvd #524	JACKSONVILLE Bch FL 32250

800160723918
09/30/09--01035--017 **141.2
09-30-09 01035 018 \$8.75

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: **[Signature]** Date **9/8/09** Daytime Phone # **904-303-9836**

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