

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056126

1. Corporation Name

LAW OFFICES OF SHEA A. FUGATE, P.A.

300074527483  
05/12/06--01025--013 \*\*1350.00

2. Principal Office Address

1800 PEMBROKE DR

Suite, Apt. #, etc.

STE 300

City & State

ORLANDO, FL

Zip

32810

Country

USA

3. Mailing Office Address

1800 PEMBROKE DR

Suite, Apt. #, etc.

STE 300

City & State

ORLANDO, FL

Zip

32810

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3721758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-06**

**7. Name and Address of Current Registered Agent**

Name

SHEA A. FUGATE

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

1800 PEMBROKE DR

Suite, Apt. #, Etc.

STE 300

City

ORLANDO

State

FL

Zip Code

32810

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

Shea Fugate

REGISTERED AGENT MUST SIGN

Date

4/30/06

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	FUGATE, SHEA A.	1800 PEMBROKE DR, STE 300	ORLANDO, FL 32810
		<u>DR 5/10</u>	

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 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:

Shea Fugate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/06

Daytime Phone #

CR2E081 (10/02)