

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000063583

1. Corporation Name

Diane Haggerty P.A.

2. Principal Office Address

9210 Oak Grove Circle

Suite, Apt. #, etc.

City & State

Davie, FL

Zip
33328-6934

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-26-01

5. FEI Number

65.1116360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Diane Haggerty

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

9210 Oak Grove Circle

Suite, Apt. #, Etc.

City

Davie

State
FL

Zip Code

33328-6934

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

Diane Haggerty, P.A.
REGISTERED AGENT MUST SIGN

Date 1/24/2006

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
pres	Diane Haggerty	9210 Oak Grove Circle	Davie, FL 33328-6934

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:

Diane Haggerty, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-06 (954) 915-9154

Daytime Phone #

FILED
06 FEB -7 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500065819415
02/14/06--01022--017 ***300.00

Diane Haggerty, P.A.
9210 Oak Grove Circle
Davie, Fl. 33328

Dear Sir;

Enclosed please find the fees for the last two years.

I have never received my forms (my corporation annual report form) at my old address (958 Mockingbird Lane, Plantation, Fl. 33324) or my new address (9210 Oak Grove Circle Davie, Fl 33328) . I would have sent the money immediately. I always try to do my paperwork on time. I assumed my accountant took care of all my papers to the state. I was mistaken and am very upset. Please reinstate me as soon as possible. Thanking you in advance for all your help. I am very sorry.

Diane Haggerty, P.A.

Diane Haggerty, P.A.