

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -9 AM 8:55

000117826870
06/10/08--01031--008 **150.00

000117826870
02/12/08--01015--006 **300.00

REINSTATEMENT

DOCUMENT # P01000071177

1. Corporation Name
Michele C. Gallagher, P.A.

2. Principal Office Address - No P.O. Box #

5509 Fair Lane Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5509 Fair Lane Dr.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32244

Country

USA

City & State

Jacksonville, FL

Zip

32244

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

59-3732484

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michele Gallagher

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

5509 Fair Lane Dr.

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32244

☒ 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

REGISTERED AGENT MUST SIGN

Date February 7, 2008

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 | Michele Gallagher | 5509 Fair Lane Dr. Jacksonville, FL 32244 | |
| Treas | Paul Gallagher | " " | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7, 2008

Date

904-388-3081

Daytime Phone #