

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000048239

1. Corporation Name

MAXINE A. KELLEY, P.A.

Principal Place of Business

5030 SANIBEL DRIVE
JACKSONVILLE FL 32210

Mailing Address

5030 SANIBEL DRIVE
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/2002

5. FEI Number

030470933

Applied For

Not Applicable

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
DPST	KELLEY, MAXINE A	5030 SANIBEL DRIVE	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent

KELLEY, MAXINE A
5030 SANIBEL DRIVE
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03

904 923-3136

CR2E040 (7/03)



GUNN & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

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MARSHALL D. GUNN, JR., CPA*/PFS, CFP®
VICKY G. WILD, CPA*
DAVID P. BARLEY, SR., CPA*, MBA
KENNETH R. KREY, CPA*
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Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

October 14, 2003

Re: Reinstatement of Maxine A Kelley, P.A.

We are hereby requesting the above mentioned corporation to be reinstated for failure to receive previous corporate annual report. We are also enclosing a check for \$150.00.

Sincerely,

Samantha Geer
Staff Accountant



Members of the American Institute of Certified Public Accountants Private Companies Practice Section
Members of the Florida Institute of Certified Public Accountants *Regulated by The State of Florida