

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000065654 1. Entity Name JOHN A. QUINN, P.A.									LED 80 Pi	; I: 5 5	
Principal Place of Business % 2151 LADY DI LANE JACKSONVILLE, FL 32246				ng Address SE 4TH AVE)4 RAY BEACH, FL 3:			SECRETA:: Tallahas: Hiii iii iii iii iii iii iii iii			11 A 1 11 1	
2. Principal Place of Business 3.				iling Address							
Suite, Apt. #, etc.			Sui	te, Apt. #, etc.				STATE	限	98 (6/93)	05
City & State			City	City & State			4. FEI Numb				ied For Applicable
Zip	Country Zip			Cour	ntry	5. Certificate	of Status Desired		8.75 Additi	onal	
6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of New Reg	istered A	gent	-
QUINN, JOHN A 287 E CORAL TRACE CIR DELRAY BEACH, FL 33445						Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip C				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's griffsture required when reinstating) DATE											
FILE NOWI!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00								In accordance with corporation did no	h s. 607. ot receive	193(2)(b), F. the prior no	S., the tice.
. TITLE	D	OFFICERS AND	DIRECTO	DRS Delete	11.	T .	ADDITIONS	/CHANGES TO OFFIC	ERS AND	***************************************	N 11 Addition
NAME STREET ADDRESS	QUINN, J 287 E CO	OHN A RAL TRACE CIR BEACH, FL 33445		Delete	NAM STRI		21 10/0	000602 5/0501010-	44 5 -003		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			·			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same begal effect as if made under outh, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE: Office of Date Dayline Phone #											

September 28, 2005

Honorable Glenda E. Hood State of Florida Secretary of State Department of State Division of Corporations - Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: John A. Quinn, P.A.

Document # P02000065654

Dear Secretary of State Hood:

We have been requested by the Director of the above-listed corporation to acknowledge receipt of your notice regarding their 2005 Uniform Business Report.

In this connection, please be aware, the Corporation did not previously receive the postcard prompt for the 2005 Uniform Business Report, nor any notice of imminent administrative dissolution, and respectfully requests your abatement and waiver of any additional fees.

Enclosed please find the completed 2005 For Profit Corporation Reinstatement along with their remittance of \$150.00.

Thank you very much for your consideration and cooperation.

Sincerely yours,

PORTNOY, SHAINBROWN & CO. CPA's, P.A.

Dawn A. Wright

Enclosure(s)