

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000075672

1. Corporation Name

MICHAEL PAULL, PA

Principal Place of Business

13882 HANOVER PARK CT
JACKSONVILLE FL 32224

Mailing Address

13882 HANOVER PARK CT
JACKSONVILLE FL 32224

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

2. New Principal Office Address, If Applicable

215 South Ocean Grand

Suite, Apt. #, etc.

Penthouse 1

City & State

Ponte Vedra FL

Zip

32082

Country

3. New Mailing Office Address, If Applicable

215 South Grand

Suite, Apt. #, etc.

Penthouse 1

City & State

Ponte Vedra FL

Zip

32082

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2002

5. FEI Number

020633754

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
D	PAULL, MICHAEL	19882 HANOVER PARK CT	JACKSONVILLE FL 32224

700024198397
10/28/03--01038--003 **150.00

8. Name and Address of Current Registered Agent

PAULL, MICHAEL

19882 HANOVER PARK CT
JACKSONVILLE FL 32224
215 South Grande Dr
Penthouse 1
Ponte Vedra Beach FL
32082

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

Michael Paull

Date

REGISTERED AGENT MUST SIGN

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:

Michael Paull

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



Blair & Company
Certified Public Accountants
Established Since 1982

From the Desk of:
Landen E. Blair
Director of Operations
E - Mail: landenjr@blairandco.com

Please visit our web page at www.blairandco.com

Wednesday, October 22, 2003

Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Michael Paull, PA

Dear Sir or Madam:

I am enclosing the following:

- Copy of Application for Reinstatement for aforementioned Company;
- Check payable to the Secretary of State in the amount of \$150.00

The aforementioned corporation did not receive the original Florida Annual Report. The only document received from the Florida Division of Corporations is the Application for Reinstatement.

Please waive the penalty and reinstate the corporation to an active status.

If you have any questions, please contact me.

Sincerely,

Landen E. Blair
Director of Operations

Enclosures