


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO2020080913

1. Corporation Name

OCTAVIA MCDONUGLE, P.A.

2. Principal Office Address

5923 W. Hillsboro Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

5923 W. Hillsboro Blvd

Suite, Apt. #, etc.

City & State

Parkland, FL

City & State

Parkland, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/24/02

5. FEI Number

35-2183273

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

Octavia McDougale

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

5923 W. Hillsboro Blvd

Suite, Apt. #, Etc.

City

Parkland,

State

FL

Zip Code

33067

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

[Signature]

Date

8/22/06

REGISTERED AGENT MUST SIGN

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
P	<u>Octavia McDougale</u>	<u>5923 W Hillsboro Blvd</u>	<u>Parkland FL</u>
VP	<u>Stockar McDougale</u>	<u>5923 W Hillsboro Blvd</u>	<u>Parkland FL 33067</u>

400079264354  
08/22/06--0103--001 \*\*450.00

8/28/06

**REINSTATEMENT** df-06

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

[Signature]

Date

8/28/06 (951) 336 8693

Daytime Phone #

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Octavia McDougale, P.A.  
5923 W. Hillsboro Blvd  
Parkland, FL 33067  
954-336-8693

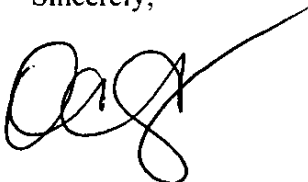
August 24, 2006

RE: Reinstatement of Octavia McDougale, P.A.  
Document number: P02000080913

To Whom It May Concern:

Please waive the reinstatement fee as I did not receive any of the annual notices that were mailed in 2004. If you have any questions please contact me at 954-336-8693.

Sincerely,

A handwritten signature in black ink, appearing to be 'Octavia', with a long, sweeping horizontal line extending to the right.

Octavia McDougale