

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 DEC 10 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000081929

1. Corporation Name

GEORGE E. MCARDLE P.A.

W07000058315

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

201 ALHAMBRA CIR.

3. Mailing Office Address

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

702

Suite, Apt. #, etc.

702

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

CR2E081 (1/07)

REINSTATEMENT 03-07

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/2002

5. FEI Number

43 2009086

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

GEORGE MCARDLE

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

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

702

City

CORAL GABLES,

State

FL

Zip Code

33134

☐ 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

George M. Cardle
REGISTERED AGENT MUST SIGN

Date

11-26-07

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/D	GEORGE MCARDLE	201 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134

000113407750
12/26/07--01052--027 **1350.00

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:

George M. Cardle Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-26-07

Daytime Phone #

305.442.2218

12/13