

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 22 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110707

1. Corporation Name

MICHAEL BUSH, P.A.

2. Principal Office Address

7730 PLEDGER LANE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34240

Country

U.S.A.

3. Mailing Office Address

7730 PLEDGER LANE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34240

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/2002

5. FEI Number

90-0053066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

MYERS, BRENT J.

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

3333 CLARK ROAD

Suite, Apt. #, Etc.

SUITE 100

City

SARASOTA

State

FL

Zip Code

34231

000058852310

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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

Brent J. Myers

REGISTERED AGENT MUST SIGN

Date *8/2/05*

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
D	BUSH, MICHAEL	7730 PLEDGER LANE	SARASOTA, FL 34240

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 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 Bush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/05

Daytime Phone #

CR2E081 (01/05)