

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT -6 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000065299

1. Corporation Name

Melissa Jean McIntee, PA

2. Principal Office Address

4840 Bannon Island Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 3109

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

Haines City, FL

Zip

33844

Country

Zip

33845

Country

US

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

April 19, 2004

5. FEI Number

20-0973424

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

Melissa Jean McIntee

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

4840 Bannon Island Rd

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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

Melissa Jean McIntee

REGISTERED AGENT MUST SIGN

Date 10/5/06

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	Melissa Jean McIntee	4840 Bannon Island Rd	Haines City, FL 33844
S	Melissa Jean McIntee	4840 Bannon Island Rd	Haines City, FL 33844
T	Melissa Jean McIntee	4840 Bannon Island Rd	Haines City, FL 33844
D	Melissa Jean McIntee	4840 Bannon Island Rd	Haines City, FL 33844

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:

Melissa Jean McIntee Melissa Jean McIntee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/06

Date

888-287-6530

Daytime Phone #