

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD4000071196**

1. Corporation Name

Mitzi R. Gill, P.A.

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

1714 Magdalene Manor Dr
Suite, Apt. #, etc.

3. Mailing Office Address

1714 Magdalene Manor Dr
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33613

Country

USA

Zip

33613

Country

USA

7. Name and Address of Current Registered Agent

Name

James A. Jimenez, CPA

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

1302 W. Sligh Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0507, F.S.

Signature of
Registered Agent

James A. Jimenez
REGISTERED AGENT MUST SIGN

Date

3/6/07

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
D	Mitzi R Gill	1714 Magdalene Manor Dr	Tampa FL 33613

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:

Mitzi R Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20.07

Date

813-334-4989

Daytime Phone #

FILED

07 MAR 12 AM 9:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800093247758

03/16/07--01009--015 ***450.00

REINSTATEMENT 05-07

OR25081 (1/07)

1714000010203

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2004

5. FEI Number

84-1646442

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.