

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUN -4 P 2:28

SECRETARY OF STATE
TALLAHASSEE, FL 32304

400156795054
06/04/09--01037--013 **\$00.00
CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000031855

1. Corporation Name
JULIA MCGINTY WEALTH MANAGEMENT, INC.

2. Principal Office Address - No P.O. Box # 7024 CENTRAL AVENUE		3. Mailing Office Address 7024 CENTRAL AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST PETERSBURG, FL		City & State ST PETERSBURG, FL	
Zip 33707	Country USA	Zip 33707	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **FEBRUARY 28, 2005**

5. FEI Number **20-2379799** 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
JULIA MCGINTY

Street Address (P.O. Box Number is Not Acceptable)
7024 CENTRAL AVENUE

Suite, Apt. #, Etc.

City **ST PETERSBURG** State **FL** Zip Code **33707**

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 807.0605 or 817.0503, F.S.

Signature of Registered Agent *Julia McGinty* Date 6/1/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JULIA MCGINTY	7024 CENTRAL AVENUE	ST PETERSBURG, FL 33707

REINSTATEMENT
06-09
[Signature]

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 807 or 817, 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 807.0401 or 817.0401, 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: *Julia McGinty* **JULIA MCGINTY** Date 6/1/09 Daytime Phone # 727-846-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR