

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


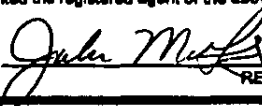
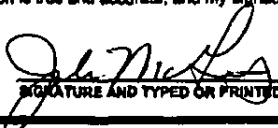
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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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CR2E081 (12/08)

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P05000031855</b>					
<b>1. Corporation Name</b>  JULIA MCGINTY WEALTH MANAGEMENT, INC.					
<b>2. Principal Office Address - No P.O. Box #</b> 7024 CENTRAL AVENUE  Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> 7024 CENTRAL AVENUE  Suite, Apt. #, etc.		
<b>City &amp; State</b> ST PETERSBURG, FL			<b>City &amp; State</b> ST PETERSBURG, FL		
<b>Zip</b> 33707	<b>Country</b> USA	<b>Zip</b> 33707	<b>Country</b> USA	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> FEBRUARY 28, 2005	
<b>5. FEI Number</b> 20-2379799				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> JULIA MCGINTY <b>Street Address (P.O. Box Number is Not Acceptable)</b> 7024 CENTRAL AVENUE <b>Suite, Apt. #, Etc.</b>  <b>City</b> ST PETERSBURG <b>State</b> FL <b>Zip Code</b> 33707					
<b>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.</b> <b>Signature of Registered Agent</b>  <b>REGISTERED AGENT MUST SIGN</b> <b>Date</b> 6/1/09					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Title</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>		
PD	JULIA MCGINTY	7024 CENTRAL AVENUE	ST PETERSBURG, FL 33707		
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>JULIA MCGINTY</b>		<b>Date</b> 6/1/09	<b>Daytime Phone #</b> 727-846-9500

REINSTATEMENT  
06-09  
