

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 10, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P05000038896

1. Corporation Name

JOHN J. CONLEY, P.A.

REINSTATEMENT 07-08

CR2E081 (10/08)

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

900 US HIGHWAY 1

Suite, Apt. #, etc.

SUITE 207

City & State

LAKE PARK, FLORIDA

Zip

33403

Country

USA

3. Mailing Office Address

900 US HIGHWAY 1

Suite, Apt. #, etc.

SUITE 207

City & State

LAKE PARK, FLORIDA

Zip

33403

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/07/2005

5. FEI Number

02740902

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

JOHN J. CONLEY

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

900 US HIGHWAY 1

Suite, Apt. #, Etc.

SUITE 207

City

LAKE PARK,

State

FL

Zip Code

33403

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 10/07/2008

REGISTERED AGENT MUST SIGN

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
PRES	JOHN J. CONLEY	900 US HIGHWAY 1 SUITE 207	LAKE PARK, FLORIDA 33403

000136806400
10/10/08-01015--008 **308.75

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/2008

Date

561-848-5250

Daytime Phone #

CC 10/10