

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 12 AM 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POS 000088636

1. Corporation Name

Mark L. McCann, P.A.

REINSTATEMENT 06-08

500131246285
06/12/08--01042--013 **600.00
CR2E081 (1/07)

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

5530 Cape Leyte Dr.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34242

Country

Sarasota

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

6/20/05

5. FEI Number

20-3034125

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

Kenneth D. Doerr, Esq.

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

240 S. Pineapple Ave #

Suite, Apt. #, Etc.

10th floor

City

Sarasota,

State

FL

Zip Code

34236

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

[Signature]

Date

6/9/08

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
<u>Pr.</u>	<u>Mark L. McCann</u>	<u>5530 Cape Leyte Dr.</u>	<u>Sarasota, FL 34242</u>
<u>Secy</u>	<u>"</u>		
<u>Tr.</u>	<u>"</u>		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L. McCann

Date

6/9/08

Daytime Phone #

941-346-7166

26/13