

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000022485

1. Corporation Name

Naughton & Naughton, P.A.

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

12058 San Jose Blvd

Suite, Apt. #, etc.

Suite 602

City & State

Jacksonville FL

Zip

32223

Country

USA

3. Mailing Office Address

12058 San Jose Blvd

Suite, Apt. #, etc.

Suite 602

City & State

Jacksonville FL

Zip

32223

Country

USA

7. Name and Address of Current Registered Agent

Name

Michael M. Naughton

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

12058 San Jose Blvd

Suite, Apt. #, Etc.

Suite 602

City

Jacksonville

State

FL

Zip Code

32223

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

Michael M. Naughton
REGISTERED AGENT MUST SIGN

Date **03-11-10**

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
P	Michael M Naughton	12058 San Jose Blvd, Ste 602	Jacksonville FL 32223
VP	Renee M Naughton	12058 San Jose Blvd, Ste 602	Jacksonville FL 32223

XC 3/16

10. E-mail Address: **mmnaughton@gmail.com**

(To be used for future annual report notification)

11. 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, I further certify, 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:

Michael M. Naughton

Michael M. Naughton, Pres.

03-10-10

904-886-7494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 15 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

300172222143
03/15/10--01060--005 **1500.00
CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **02/15/2007**

5. FEI Number

20-8447226

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.