

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2014-2015		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
15 JAN 23 AM 8:49
ALABAMA SECRETARY OF STATE

DOCUMENT # **PI1000100498**

1. Corporation Name

KEVIN M. DALY, P.A.

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

2300 NW 23rd STREET

3. Mailing Office Address

SAME AS 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

City & State

Zip

32605

Country

ALABAMA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2011

5. FEI Number

45-4102841

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

KEVIN M. DALY

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

2300 NW 23rd STREET

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

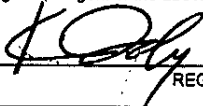
32605

500268737995
01/23/15--01026--001 **\$00.00

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



REGISTERED AGENT MUST SIGN

Date **1/20/2015**

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	KEVIN M DALY	2300 NW 23rd STREET	GAINESVILLE FL 32605

10. E-mail Address: **Kevin @ kevinmdaly.pa.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.917.155, F.S.

SIGNATURE:

 **KEVIN DALY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/20/2015** (352) 384-0172
Daytime Phone #

K. ASHTON