

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000064069**

1. Corporation Name

SCULLION & CO., P.A.

Principal Place of Business

Mailing Address

8191 COLLEGE PARKWAY
SUITE 302
FT. MYERS FL 33919

8191 COLLEGE PARKWAY
SUITE 302
FT. MYERS FL 33919

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

Date Incorporated or Qualified To Do Business in Florida

09/10/1993

5. FEI Number

65-0443097

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SCULLION, DAVID	8191 COLLEGE PARKWAY, SUITE 302	FT. MYERS FL 33919

000002735710--2
-01/08/99--01122--024
****750.00 ****750.00

1/6

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCULLION, DAVID
8191 COLLEGE PARKWAY
SUITE 302
FT. MYERS FL 33919

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

David Scullion

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *12-30-98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(f), 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:

David Scullion
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-98
Date

(941) 481-7400
Daytime Phone #

CR2ED-04 (9/98)