

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086354

1. Corporation Name

MICHAEL GREEN & ASSOCIATES, INC.

Principal Place of Business

633 A BREVARD
AVE
COCOA FL 32922

Mailing Address

P.O. BOX 1384
COCOA FL 32922

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1993

5. FEI Number

59-3218377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Annual Fee required
to act as Secretary of State

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GREEN, MICHAEL	633 A. BREVARD AVE.	COCOA FL 32922
D	GREEN, KIMBERLY	633 A BREVARD AVE	COCOA FL
			300003029913--2
			-11/01/99--01007--021
			150.00 *150.00
			LS

8. Name and Address of Current Registered Agent

BUCHALTER, NEIL J
1053 CHENEY HIGHWAY
TITUSVILLE FL 32780

9. Name and Address of New Registered Agent

Name Robert Dale Johnson
Street Address (P.O. Box Number is Not Acceptable)
1941 Michigan Ave.
Suite, Apt. #, Etc.
City Cocoa
State FL Zip Code 32922

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

R. D. Johnson

REGISTERED AGENT MUST SIGN

Date 10/13/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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

Michael Green

Date 10-12-99

Daytime Phone 828-248-2834

10-18-74

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Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Department of State

On October 18 I received a notice of dissolution of my corporation. According to my CPA the normal yearly renewal should have been paid several months ago. I am writing to you to explain that this is the first notice of due taxes that I have received this year. I have and intend to always pay my taxes on time and would never do anything to compromise the integrity of my corporation. I tried to call the attorney Neil J. Buchalter (the registered agent) to see if his office received any notices or past due notices, however, I have found out that Mr. Buchalter no longer resides in the state of Florida. I am not sure if this is where part of the problem came into account. In speaking with a representative from your department today and explaining the situation, I was told to write a short letter of explanation and send a check for \$150 which is enclosed. I hope this will resolve my payment for this year. Once again I want to assure you that had I seen my renewal it would have been paid immediatly. My mailing address where correspondence should be sent is P.O. Box 1384, Cocoa, Fl. Thank you again.

Sincerely


James Michael Green