

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC 20 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088544

1. Corporation Name

MICHAEL T. CALLAHAN, P.A.

Principal Place of Business

Mailing Address

~~433 N MAGNOLIA DRIVE~~

~~433 N MAGNOLIA DRIVE~~

~~TALLAHASSEE FL 32303~~

~~TALLAHASSEE FL 32303~~

2151 Delta Blvd. Suite 101

P.O. Box 38549

Tallahassee, FL 32303-

Tallahassee, FL 32315-8549

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

2151 Delta Blvd.

PO Box 38549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Zip

Country

Country

32303

U.S.

32315-8549

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1993

5. FEI Number

59-3215710

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DPST	CALLAHAN, MICHAEL T	433 N MAGNOLIA DRIVE 2151 Delta Blvd. Suite 101	TALLAHASSEE FL 32303 Tallahassee, FL 32303

500003514645--0
-12/27/00--01071--010
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALLAHAN, MICHAEL T
~~433 N MAGNOLIA DRIVE~~ 2151 Delta Blvd Suite 101
~~TALLAHASSEE FL 32303~~ Tallahassee, FL 32303

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael T. Callahan

REGISTERED AGENT MUST SIGN

Date 12/19/00

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:

Michael T. Callahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/00
Date

850-877-2525
Daytime Phone #