

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 # **P94000087347**

1. Corporation Name

MAGUIRE & ASSOCIATES, INC.

00000199970--5
-11/08/96--01019--026
****375.00 ****375.00



REINSTATEMENT *Good*

Principal Place of Business

499 INTERNATIONAL GOLF PARKWAY
ST. AUGUSTINE FL 32084

Mailing Address

499 INTERNATIONAL GOLF PARKWAY
ST. AUGUSTINE FL 32084

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/01/1994	
City & State		City & State		5. FEI Number	
Zip		Country		50-3286636	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	MAGUIRE, BRUCE	5202 PHEASANT RUN COURT	PONTE VEDRA BEACH FL 32083

8. Name and Address of Current Registered Agent

MAGUIRE, BRUCE
499 INTERNATIONAL GOLF PARKWAY
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

9/20/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/96

Date

904-829-6101

Daytime Phone #