

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 OCT 20 PM 12:14

DOCUMENT # P94000087347

1. Corporation Name

MAGUIRE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

499 INTERNATIONAL GOLF PARKWAY ST. AUGUSTINE FL 32084

P.O. BOX 137 PONTE VEDRA BEACH FL 32004



REINSTATEMENT

Handwritten initials 'DD'

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

12/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3286686

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes officer Bruce Maguire and a barcode.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State, 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

Handwritten signature of Bruce A. Maguire

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

10-10-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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.

AD

SIGNATURE:

Handwritten signature of Bruce A. Maguire and typed name

10-10-00

Date

904-829-6101

Daytime Phone #

6101

CR2E040 (8/00)