


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000003820**

1. Corporation Name

THE MCGINLEY GROUP, P.A.

Principal Place of Business

Mailing Address

**7370 CABOT COURT
SUITE 101
MELBOURNE FL 32940**

**PO BOX 411060
MELBOURNE FL 32941**

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1995

5. FEI Number

59-3288779

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
P	MCGINLEY, NANCY C	329 COUNTRY WALK ST	MELBOURNE FL 32940
			900004746549--8
			-01/02/02--01024--016
			****750.00 ****750.00
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MCGINLEY, NANCY C
329 COUNTRY WALK ST
MELBOURNE FL 32940**

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

REGISTERED AGENT MUST SIGN

Date

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

NANCY MCGINLEY

Date

10-22-01

Daytime Phone #

321-253-1018

FILED
01 DEC 13 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/01)