

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **915.00**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088177

1. Corporation Name

MCMICHAEL CONSULTING, INC.

Principal Place of Business

Mailing Address

**1432 1ST ST SUITE C
SARASOTA FL 34230**

**1432 1ST ST SUITE C
SARASOTA FL 34230**

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

**40 CAPELLA + MCMICHAEL
Suite, Apt. #, etc. W.**

**40 CAPELLA + MCMICHAEL
Suite, Apt. #, etc.**

**SUITE 101 829 W. DA. MLK BLVD
City & State**

**SUITE 101 829 W. DA. MLK BLVD
City & State**

**TAMPA, FLA.
Zip 33603 Country Hillsborough**

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Zip 33603 Country Hillsborough**

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1995

5. FEI Number

65-0633531

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MCMICHAEL, HUGH D	47 STATE ST	TULLY NY 13159

**000002222620--3
-06/25/97--01067--011
****915.00 ****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCMICHAEL, PAIGE

**1432 1ST ST SUITE C
SARASOTA FL 34230**

Name

MCMICHAEL, PAIGE

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

829 WEST DR. MLK BLVD

Suite, Apt. #, Etc.

SUITE 101

City

TAMPA

State
FL

Zip Code
33603

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 **01/06/96**

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)(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:

HUGH D. MCMICHAEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 2, 1997 315 637 0516
Date Daytime Phone #

CR2E040 (7/95)