

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000047516

1. Corporation Name

Michael A. Misa, P.A.

2. Principal Office Address

1007 W Cleveland Street

Suite, Apt. #, etc.

3. Mailing Office Address

1007 W Cleveland Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33606

Country

USA

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1996

5. FEI Number

59-3376462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael A. Misa

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

1007 W Cleveland Street

Suite, Apt. #, Etc.

City

Tampa, Florida

State

FL

Zip Code

33606

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael A. Misa
REGISTERED AGENT MUST SIGN

Date 09/28/2006

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael A. Misa	1007 W Cleveland Street	Tampa, Florida 33606

10. 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 contained in Chapter 119, 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 A. Misa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Misa

09/28/2006

Date

813-307-9801

Daytime Phone #



MICHAEL A. MISA, P.A.

ATTORNEY AT LAW

September 28, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

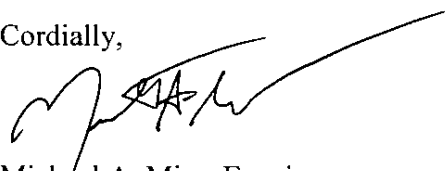
RE: Reinstatement Application

Dear Secretary:

Please accept my application for Corporation Reinstatement relating to Michael A. Misa, P.A. I was just made aware of the administrative dissolution. It appears that when I changed addresses to my current location, I did not receive the annual report notices. Therefore, please consider my petition to waive the reinstatement fee, as I never received the appropriate notice. I have enclosed \$450.00 fee to bring up to date my annual corporate fees for the years 2004, 2005, 2006.

Should you have any further questions or concerns, please do not hesitate to contact my office. Thank you.

Cordially,



Michael A. Misa, Esquire

MAM/kl
Enclosure