

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000047516		
1. Corporation Name  Michael A. Misa, P.A.		

2. Principal Office Address 1007 W Cleveland Street		3. Mailing Office Address 1007 W Cleveland Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33606	Country USA	Zip 33606	Country USA

FILED  
06 OCT -2 PM 4:41  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
04-06

4. Date Incorporated or Qualified To Do Business in Florida		05/30/1996
5. FEI Number 59-3376462		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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*

Date  
09/28/2006

REGISTERED AGENT MUST SIGN

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

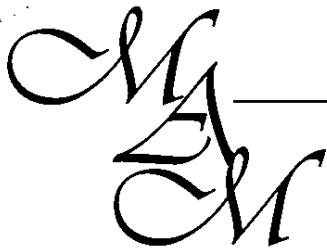
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael A. Misa	1007 W Cleveland Street	Tampa, Florida 33606

10/03/06--01060--012 \*\*450.00

10/3

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: <i>Michael A. Misa pres.</i>	Michael A. Misa	09/28/2006	813-307-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		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