

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000034065

1. Corporation Name

THE LAW OFFICES OF DAVID J. MIGNEAULT, P.A.

Principal Place of Business

201 W MARION AVE. SUITE #205
PUNTA GORDA FL 33950

Mailing Address

201 W MARION AVE. SUITE #205
PUNTA GORDA FL 33950

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/14/1997

5. FEI Number

65-0742826

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	4. City / State / Zip
D	MIGNEAULT, DAVID J	201 W MARION AVE, SUITE #205	PUNTA GORDA FL 33950

9000003033079--0
-11/02/99--01099--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MIGNEAULT, DAVID J
201 W MARION AVE, SUITE #205
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

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

David J. Migneault
REGISTERED AGENT MUST SIGN

Date

10/20/99

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:

David J. Migneault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99

Daytime Phone #

CR26040 (8/99)



Cossentino & Orlando

Accountants
1402 Cape Coral Parkway
Cape Coral, Florida 33904
(941) 945-4939
Fax (941) 945-4938

October 20, 1999

Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: The Law Offices of David J.
Migneault, P.A.
Document # P97000034065

To whom it may concern:

I am the accountant for the above mentioned client.
On January 12, 1999, David Migneault made a check out to the
Department of State for \$150.00 with check number 2126, and
mailed it out the next day (see attached check register). As
far as he was concerned, he paid his 1999 Annual Fee.

On Friday, October 15, 1999, he received this reinstatement
application, and was quite suprised. He immediately called his
bank to see if this check cleared, and they advised him that it
did not. He doesn't understand why this happened, because the
rest of the checks disbursed around that time all cleared.

Mr. Migneault is now sending a check immediately for \$150.
We feel he should not be assessed this additional penalty,
since he mailed it out way before the due date, and never
received any other correspondence from the Department of State
before the reinstatement notice stating he was delinquent.

I would appreciate it if this matter can be resolved as
soon as possible, and my client be reinstated as soon as possible.

Thank you,


Salvatore Cossentino

SC/db
enc.