

APPROVED
AND
FILED

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

05 JUN 23 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085883

1. Corporation Name

Michael A. McCumber, P.A.

W05-267666

2. Principal Office Address

390 Broad Avenue S

Suite, Apt. #, etc.

City & State

Naples, FL

Zip
34102

Country
USA

3. Mailing Office Address

P.O. Box 1171

Suite, Apt. #, etc.

City & State

Naples, FL

Zip
34106

Country
USA

REINSTATEMENT 00-05

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/97

5. FEI Number

65-0784147

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. McCumber

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

390 Broad Avenue S.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

200056443038
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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

Date 5/10/05

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. McCumber	P.O. Box 1171	Naples, FL-34106

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 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

5/10/05

Date

239 777 9029

Daytime Phone #

CR2E081 (01/05)

2/2

June 15, 2005

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

RE: Document Number P97000085883
FEI: 65-0784147, Michael McCumber, P.A.

To Whom It May Concern:

I am requesting that the state waive the reinstatement fee on the above corporation as the 2000 renewal form was never received due to a change of address that was never reported.

Should you require any further information, please do not hesitate to contact me at (239) 777-9029.

Very truly yours,



Michael A. McCumber

239 777 9029
PO Box 1171
Naples FL 34106