

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 AUG -8 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000094728**

1. Corporation Name

**Michael Allison, Inc.**

**500007076665--9**

**-08/13/02--01048--013**

**\*\*\*300.00 \*\*\*300.00**

2. Principal Office Address

**12011 Amedicus Ln**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

**Unit 10**

Suite, Apt. #, etc.

City & State

**Est Myers, FL**

City & State

Zip

Country

**33907**

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-3-1997**

5. FEI Number

**65-0793763**

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 Allison**

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

**11446 Pembroke Run**

Suite, Apt. #, Etc.

City

**Estero**

State  
**FL**

Zip Code

**33928**

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 Allison**

Date

**8-5-02**

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
Pres	Michael Allison	above	-

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:

**Michael Allison**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-5-02 275-6996**

239/ 11/10/02

**MICHAEL ALLISON, INC.  
12011-10 AMEDICUS LANE  
FORT MYERS, FL 33907**

August 6, 2002

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

Re: Waiver of reinstatement fee

To Whom It May Concern:

I went to the Division of Workers' Compensation yesterday to update my exempt status. I was informed there that my corporate status was listed as inactive, which was a big surprise to me. After talking with the representative from your office via telephone, he informed me that I had filed no report for the years 2001-2002. Although I was sure at the time that I had filed for 2001, I did not remember ever receiving my form for 2002. Upon closer inspection I could find no records of having received a form for 2001 either.

I suspect that the error occurred when you updated my address change on 05/15/2000 according to your records. Somehow the address was entered as Andrews Lane instead of Amedicus Lane. Amedicus is an unknown word to me, but it is the true name of the street. I have not received any correspondence at my home address either, although to be perfectly correct that should be Pembroke Run and not Pembroke Road.

I apologize for any role I had for not making these remittances on time. However, I truly have never received any of those delinquent reports. Please accept my check and reinstatement form that will cover the years in arrears as instructed by your office.

Sincerely,

A handwritten signature in cursive script that reads "Michael Allison". The signature is written in dark ink and is positioned below the word "Sincerely,".

Michael Allison