

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000092491**

1. Corporation Name:

MICHAEL J. MULLIGAN P.A.

Principal Place of Business

Mailing Address

5207 E. 131ST AVE.
TAMPA FL 33617

5207 E. 131ST AVE.
TAMPA FL 33617



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/30/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3540183	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	MULLIGAN, MICHAEL J	5207 E. 131ST AVE.	TAMPA FL 33617

500008780615
 11/04/02--01057--011 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CONNETT, STEPHEN G 111 E. MASON ST. BRANDON FL 33511		Name Street Address (P.O. Box Number is Not Acceptable) 213 N. Parsons Av Suite, Apt. #, Etc. City Brandon	
		State	Zip Code
		FL	33510

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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* **REGISTERED AGENT MUST SIGN** Date: *10-29-2002*

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: *[Signature]* **MICHAEL J. MULLIGAN, PRES 10/30/02 / 988-8855** (813)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/11/02



MULLIGAN REALTY

Michael J. Mulligan, P.A. Licensed Real Estate Broker

October 23, 2002


Division of Corporations
Florida Department of State

Re: Document # P98000092491
FEI # 59-3540183

Dear Sir/Madam

Please find enclosed my renewal documents. I did not receive any prior uniform business report notices. I am therefore sending you \$150 for a reinstatement fee. If you have any questions please call 1 813 988 8855.

Sincerely,



Michael J. Mulligan
(President)