

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:42

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1998

5. FEI Number

59-3540183

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	MULLIGAN, MICHAEL J	5207 E. 131ST AVE.	TAMPA FL 33617

000023805090  
10/15/03 01022-001 \*\*150.00

8. Name and Address of Current Registered Agent

CONNETT, STEPHEN G  
213 N PARSONS AV  
BRANDON FL 33510

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. or 617.0505, F.S.

Signature of Registered Agent

*Stephen G. Connett*  
REGISTERED AGENT MUST SIGN

Date 10-15-03

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 AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

10-10-03

Date

813-300-6071

Daytime Phone #

CR2EC40 (7/03)



# MULLIGAN REALTY

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

October 10, 2003

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