

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED
02 FEB 21 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000743

1. Corporation Name

Michael McGurn A.C. AND ASSOCIATES

2. Principal Office Address

1377 LENOX AVE

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

Zip

32952

Country

U.S.

3. Mailing Office Address

1377 LENOX DR.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

Zip

32952

Country

U.S.

200005097342--7

-03/12/02--01058--028

****450.00 ****450.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3549691

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 McGurn

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

1377 LENOX DR.

Suite, Apt. #, Etc.

City

MERRITT ISLAND FL

State

FL

Zip Code

32952

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/18/02

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 McGurn

1377 LENOX DR.

MERRITT ISLAND FL 32952

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

Date

2/18/02

Daytime Phone #

321.454.9054

CR2E081 (9/01)




MMA
1377 Lenora Drive
Merritt Island Fl, 32952
Tel 1-321-454-9054 Fax 321-459-1295

2/18/02

Dear Sir:

I never recieved a reinstatement notice or invoice from your agency. I would not intentionally try to decieve you regarding this. Please consider waiving my late fees by accepting this payment of \$450.00 for years 2000,2001,2002. Please send confirmation to the above new address. Thank you.



Michael McGurn
President