

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009297

1. Corporation Name

MICHAEL TOOMEY, P.A.

Principal Place of Business

4766 N BAY RD
MIAMI BCH FL 33140

Mailing Address

4766 N BAY RD
MIAMI BCH FL 33140

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1999

5. FEI Number

65-0890046

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
PD	TOOMEY, MICHAEL	4766 N BAY RD MIAMI	MIAMI BCH FL 33140

400023965274
10/21/03--01040--009 **150.00

8. Name and Address of Current Registered Agent

TOOMEY, MICHAEL
4766 N BAY RD
MIAMI BCH FL 33140

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

Michael Toomey
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Michael Toomey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03
Date

Daytime Phone #

CR2E040 (7/03)

2012

**Michael Toomey PA
4766 N Bay Road
Miami Beach FL 33140**

October 15, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

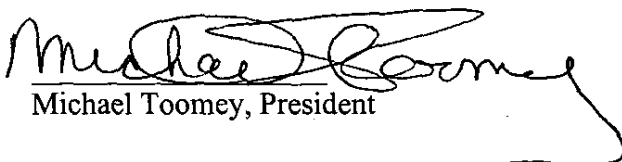
Re: Michael Toomey PA P99000009297

Dear Gentlemen:

Enclosed please find the 2003 Uniform Business Report for the above-referenced corporation. Also enclosed is a check for \$150.00 to cover the annual report fee.. With respect to the late fees I respectfully request that they be waived. The original annual report was not received. I apologize for this oversight and appreciate your cooperation and understanding in this matter.

Should you have any questions, please do not hesitate to call at 305-389-6911.

Very truly yours,


Michael Toomey, President