

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000064625**

1. Corporation Name

SHIRLEY GIRAUDO, P.A.

2. Principal Office Address

7893 SAILBOAT Key Blvd. S.

Suite, Apt. #, etc.

#102

City & State

S. Pasadena, FL

Zip

33701

Country

USA

3. Mailing Office Address

7893 Sailboat Key Blvd. S.

Suite, Apt. #, etc.

#102

City & State

S. Pasadena, FL

Zip

33701

Country

USA

FILED

04 JUL 27 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-14-1999

5. FEI Number

59-3588777

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

Shirley A. Giraudo

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

7893 Sailboat Key Blvd. S.

Suite, Apt. #, Etc.

#102

City

S. Pasadena

State

FL

Zip Code

33701

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

Shirley A. Giraudo

Date

7/14/04

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
PSTD	Shirley A. Giraudo	7893 Sailboat Key Blvd. S. #102	S. Pasadena, FL 33701

500039583405

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:

Shirley A. Giraudo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/04

Daytime Phone #

727 456-4016

CR2E081 (1/00/02)



CORPORATION SERVICE COMPANY

2082

ACCOUNT NO. : 072100000032

REFERENCE : 816241 7429360

AUTHORIZATION

Patricia Pizutto

COST LIMIT : \$ 1058.75

ORDER DATE : July 22, 2004

ORDER TIME : 3:10 PM

ORDER NO. : 816241-005

CUSTOMER NO: 7429360

CUSTOMER: Ms. Kimberly H. Bridges
Ms. Kimberly H. Bridges
7893 Sailboat Key Blvd. South
Unit # 102
S. Pasadena, FL 33707

DOMESTIC FILINGS

NAME: SHIRLEY GIRAUDO, P.A.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

RECEIVED
04 JUL 27 PM 4:18
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA