

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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



DOCUMENT # P99000095292

1. Corporation Name

DONOGHUE WOOD & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1454C SR 580  
DUNEDIN FL 34698

1454C SR 580  
DUNEDIN FL 34698

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

10/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3605237

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES	RICHARD T. DONOGHUE	1454 C SR. 580	DUNEDIN, FL. 34698
V.P.	TODD WOOD	1454 C SR. 580	DUNEDIN, FL. 34698

500003493285--0  
-12/11/00--01036--005  
\*\*\*\*750.00 \*\*\*\*750.00  
LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONOGHUE, RICHARD  
1454C SR 580  
DUNEDIN FL 34698

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.

Signature of  
Registered Agent

RICHARD T. DONOGHUE  
REGISTERED AGENT MUST SIGN

Date 10-13-00

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)(l), 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:

RICHARD T. DONOGHUE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. DONOGHUE

10-13-00 (727) 735-0411  
Date Daytime Phone #

FILED

00 NOV 20 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E040 (800)