

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S25347**

1. Corporation Name

JAMES J. MCGUIRE, P.A.

Principal Place of Business

201 HEALTH PARK BLVD
JAKADOFKY BLDG. STE 216
ST AUGUSTINE FL 32086

Mailing Address

201 HEALTH PARK BLVD
JAKADOFKY BLDG. STE 216
ST AUGUSTINE FL 32086

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

2. New Principal Office Address, If Applicable

3 San Bartola Dr

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

Zip

32086

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1991

5. FEI Number

59-3050422

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	MCGUIRE, JAMES J.	3 SAN BARTOLA DR.	SAINT AUGUSTINE FL 32086

200009370192
12/05/02--01028--004 **150.00

8. Name and Address of Current Registered Agent

PELLICER, CHARLES E.
28 CORDOVA ST
ST AUGUSTINE FL 32084

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/1/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James J. McGuire MD

12/1/02

904 8251149

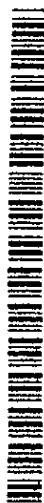
CR2040 (8/02)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
6457

TO:

0084147 AT **AUTO T2 0 0610 32086-579699
S25347
JAMES J. MCGUIRE, P.A.
201 HEALTH PARK BLVD
JAKADOFISKY BLDG, STE 216
ST AUGUSTINE FL 32086-5796

Handwritten signature: J. McGuire