PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CUMENT#

on this application is true and accurate, and A

S36415

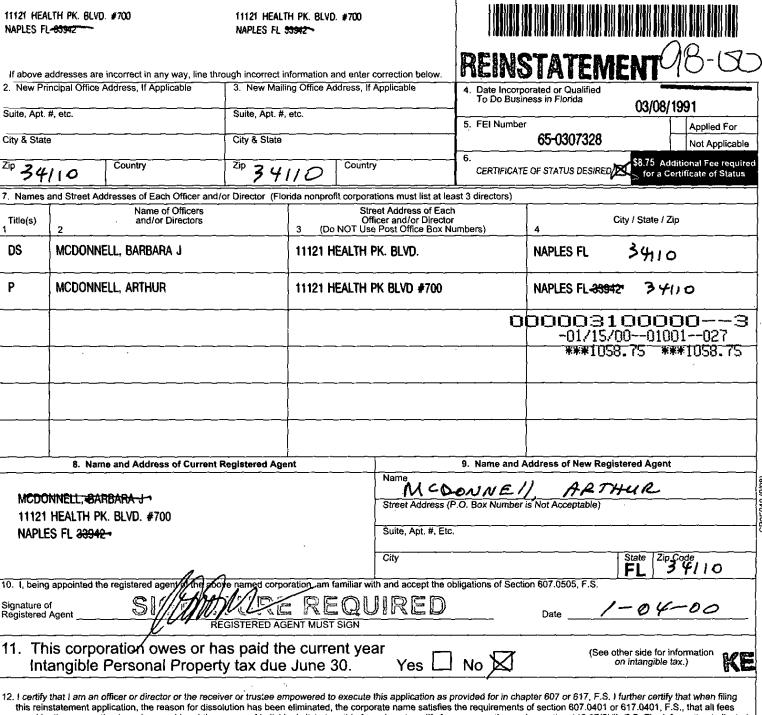
Corporation Name

A.G. MCDONNELL, P.A.

Principal Place of Business

Mailing Address

FILED. 00 JAN 10 AM 9: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

1-4-00

signature shall have the same legal effect as if made under oath.