

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 10 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S36415

1. Corporation Name

A.G. MCDONNELL, P.A.

Principal Place of Business

11121 HEALTH PK. BLVD. #700
NAPLES FL ~~33942~~

Mailing Address

11121 HEALTH PK. BLVD. #700
NAPLES FL ~~33942~~



REINSTATEMENT

98-130

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 34110

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 34110

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1991

5. FEI Number

65-0307328

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DS	MCDONNELL, BARBARA J	11121 HEALTH PK. BLVD.	NAPLES FL 34110
P	MCDONNELL, ARTHUR	11121 HEALTH PK BLVD #700	NAPLES FL 33942 34110
			000003100000--3 -01/15/00--01001--027 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

MCDONNELL, BARBARA J
11121 HEALTH PK. BLVD. #700
NAPLES FL ~~33942~~

9. Name and Address of New Registered Agent

Name

MCDONNELL, ARTHUR

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

34110

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-04-00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

KE

12. 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

ARTHUR MCDONNELL Pres

Date

1-4-00

Daytime Phone #

598-4555

CR2E040 (9/98)