

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG 10 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 544759

**1. Corporation Name**

Gerald F. O'Brien, P.A.

**2. Principal Office Address - No P.O. Box #**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

1800 2nd ST.

747

SARASOTA FL

34236

USA

CR2E081 (1/07)

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

4/10/1991

**5. FEI Number**

650308226

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

Gerald F. O'Brien

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

1800 2nd ST.

Suite, Apt. #, Etc.

747

City

SARASOTA

State

FL

Zip Code

34236

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Gerald F. O'Brien

REGISTERED AGENT MUST SIGN

Date 8/7/2007

**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
P/D	Gerald F. O'Brien	1800 2nd ST, STE. 747	SARASOTA FL 34236
		B. 8/15/07	
		REINSTATEMENT 98-07	
		300107674883	08/10/07--01024--01? **1508.75

**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 contained in Chapter 119, 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:

Gerald F. O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/2007 941-316-9200

Date

Daytime Phone #