

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
01 DEC 24 AM 11:55

DOCUMENT # **S46499**

1. Corporation Name

SKEEGAN & ASSOCIATES, INC.

Principal Place of Business

8400 N UNIVERSITY DR
STE 302
TAMARAC FL 33321

Mailing Address

8400 N UNIVERSITY DR
STE 302
TAMARAC FL 33321



REINSTATEMENT

01

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1991

5. FEI Number

65-0255745

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
D	SKEEGAN, WILLIAM	8400 N UNIVERSITY DR	TAMARAC FL
D	SKEEGAN, JOAN R	8400 N UNIVERSITY DR	TAMARAC FL

6000004765386--4
-01/10/02--01074--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~NEIMARK, CORT A~~
~~210 UNIVERSITY DRIVE~~
~~SUITE 000~~
~~CORAL SPRINGS FL 33071~~

9. Name and Address of New Registered Agent

Name

Cort A. Neimark

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

800 Corporate Drive, Suite 420

Suite, Apt. #, Etc.

Suite 420

City

Fort Lauderdale

State

FL

Zip Code

33334

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

Cort A. Neimark

REGISTERED AGENT MUST SIGN

Date 12.20.01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.20.01

Date

954.722.2151

Daytime Phone #

CR2040 (8/01)