

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -2 PM 1:57

DOCUMENT # **V29729**

1. Corporation Name

KATHLEEN E. DALY & ASSOCIATES

500037734265
06/08/04--01006--021 **300.00

2. Principal Office Address

112 E. Jefferson Street
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32301

Country

USA

Zip

32301

Country

USA

REINSTATEMENT

03-24

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3018389

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

KATHLEEN E. DALY

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

112 EAST JEFFERSON STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Kathleen E. Daly
REGISTERED AGENT MUST SIGN

Date

June 2, 2004

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
President	KATHLEEN E. DALY	112 E. Jefferson	Tallahassee, FL 32301

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 under section 119.07(3)(l), 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

Kathleen E. Daly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/02/04

Daytime Phone #

850-510-4499

CR2E081 (01/04)

15 2002

I did not receive my
annual report for the year
2003.

Kathleen E. Alley & Associates
V29729

Kathleen E. Alley
6/02/04