


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

05 JUN 23 PM 3:50

SECRET
TALLAHASSEE, FLORIDA

500056343865
06/20/05--01019--005 **600.00

DOCUMENT # V 38933

1. Corporation Name

JAMES M. MUNSEY, P.A.

2. Principal Office Address

2560 RCA BLVD.

Suite, Apt. #, etc.

108

City & State

PALM BEACH GARDENS, FL.

Zip

33410

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/92

5. FEI Number

65-0332891

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

BERNARD J. DOUTH, CPA

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

2560 RCA BLVD.

Suite, Apt. #, Etc.

SUITE # 108

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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



REGISTERED AGENT MUST SIGN

Date

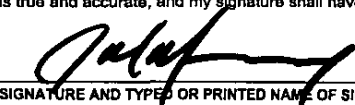
6/15/05

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/S/D	JAMES MUNSEY	824 U.S. HWY ONE, #100	NORTH PALM BEACH, FL.
			33408

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-05 561 624-8233

Date

Daytime Phone #

CR2081 (01/05)

2022

BERNARD J. DONTH

CERTIFIED PUBLIC ACCOUNTANT

2560 RCA BOULEVARD

SUITE 108

PALM BEACH GARDENS, FLORIDA 33410

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE (561) 626-7338
FAX (561) 627-4128

June 15, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: James M. Munsey, P.A.

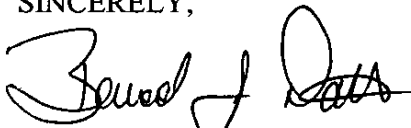
Dear Sir/Madam:

Enclosed please a check for \$ 600.00 & Corporate Reinstatement paperwork to reinstate the above referenced corporation. We are asking that you reinstate the corporation & except the \$ 600.00 as full payment for the years 2002- 2005 and waive the reinstatement fee. The annual report was sent to the old company address on Datura Street and was returned to you twice.

After moving we never received any correspondence from the state and time slipped away. It was recently brought to our attention that we had not filed and thus the reinstatement papers attached.

Thank you for your consideration in this matter. If you have any questions please do not hesitate to contact me.

SINCERELY,



BERNARD J. DONTH, CPA