

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 14 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 236073

1. Corporation Name

ASSOCIATED RACK CORPORATION

Principal Place of Business

7150 20TH STREET
VERO BEACH FL 32966
US

Mailing Address

7150 20TH STREET
VERO BEACH FL 32966
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0911600

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	FAULMAN, WILLIAM	7150 20TH STREET	VERO BEACH FL
T	FAULMAN, MICHAEL	7150 20TH STREET	VERO BEACH FL
D	FAULMAN, VIRGINIA	7150 20TH STREET	VERO BEACH FL
S	FAULMAN, PHYLLIS	7150 20TH STREET	VERO BEACH FL
REINSTATEMENT <u>SD</u> TS			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAULMAN, WILLIAM
7150 20TH STREET
VERO BEACH FL 32966

Name

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

Suite, Apt. #, Etc.

City

100003496581-3

-12/12/00--01028--007

****750.00 State Zip Code 750.00

FL

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

10/3/00

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

Date

Daytime Phone #

10/3/00