

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUN 23 PM 2:19

DOCUMENT # **N93000002313**

1. Corporation Name  
**FLORIDA DLC, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT 96-97**

Principal Place of Business

Mailing Address

501 E. TENNESSEE STREET  
 SUITE A  
 TALLAHASSEE FL 32308

P.O. BOX 11024  
 TALLAHASSEE FL 32302



*a. alan 6/23/97*

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

05/20/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3222447

Applied For

Not Applicable

City & State

*Lakeland, FL*

City & State

Zip

Country

Zip

Country

*33801 Polk*

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)

000002225570--7

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P/D	MILLS, JON	1215 NW 23RD TERR.	GAINESVILLE FL 32608
VP/D	LANGTON, MICHAEL	4244 ST. JOHNS AVE	JACKSONVILLE FL 32210
S/D	GRIZZARD, ROBERT	115 TRADER'S ALLEY	LAKELAND FL 33801
T/D	EDENFIELD, MARTHA	216 SO. MONROE ST	TALLAHASSEE FL 32301
<del>D</del>	<del>SHELDON, GEORGE H</del>	<del>1153 TERRACE ST</del>	<del>TALLAHASSEE FL 32308</del>
<del>D</del>	<del>GRIZZARD, BOB</del>	<del>2612 COLLINS AVE</del>	<del>LAKELAND FL 33808</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BISHOP, BARNEY H II  
 501 EAST TENNESSEE ST.  
 SUITE A  
 TALLAHASSEE FL 32308

Name **ROBERT GRIZZARD, ESQ.**

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

*115 Traders Alley*

Suite, Apt. #, Etc.

City *Lakeland*

State **FL**

Zip Code **33801**

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

REGISTERED AGENT MUST SIGN

Date

*6-20-97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-20-97*

Date

*941-682-8181*

Daytime Phone #

CR2E040 (7/96)