

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

03 JUN 17 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000022838**

1. Corporation Name

**FLORIDA DEMERE & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

1358 THOMASWOOD DR  
TALLAHASSEE FL 32312

1358 THOMASWOOD DR  
TALLAHASSEE FL 32312

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

03/11/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3501109

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BEEN, LAURNA J	308 CALAMONDIN ST	MARATHON FL 33050

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOPER, CHARLES L JR.  
1358 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Charles L. Cooper*  
**SIGNATURE REQUIRED**

Date

06/12/03

REGISTERED AGENT MUST SIGN

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:

*Charles L. Cooper*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

