PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
Division of Corporations

PLED

GITTER 17 PH 4: 14

DOCUMENT # N11222 1. Corperation Name						SELSCIA W CO STATE TAILATEMSSEE, FLORIDA			
Principal F	GULF (PURCH) Place of Busin	COAST ASSOCIATE	PION OF GO	VERNMEN	FAL W9723712		W(Y,y,y)	, was the control of	141.01
at va	arious] addresses are	ings held locations e incorrect in any way, line Address, If Applicable	Treasur 2440 Th through through 3 New Mai	Cheri J. Alexander, CPPB Treasurer 2440 Thompson Street of Treasurer West Street of Treasurer of Treasurer Address, If Applicable			rporated or Qualified siness in Florida	9–20–85	
				Suite, Apt. #, etc. City & State		39-2103131		Applied For	
Zip Country			Zipi		Country			Not Applicable litional Fee require rtificate of Status	
Trile(s) 1 P/D V/D T S/D	DALE CORA CHERI	Name of Officers and/or Directors WILSON, CPPB L. TAYLOR ALEXANDER, C E A. SMITH, CP	PPB	3 (Do School 2523 M School 2523 M Lee Co 2440 T Charlo 18500	Street Address of Each Officer and/or Director NOT Use Post Office Box I. District of I Market Street District of I Market Street	City/State/Zip 4 City/State/Zi			
Unknown 10. 1, being appointed the registered agent of the above named corporation agent of the above named corporation pay any intang				oralion, am lar SENT MUST S	r sign Date 10–10–97				
De	ept. of R	evenue under	5. 199.032,	Florida	Statutes. Yes	☐ No E	K (See	olher side for inf on intangible ta	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERI J. ALEXANDER, CPPB

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.