

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JUL 20 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name: *Florida Home Finders, Inc.*

286885

Principal Place of Business

Mailing Address

~~96 Willard Street, Suite 302~~
~~Cocoa, Florida 32922~~

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

2. New Principal Office Address, If Applicable

96 Willard Street

Suite, Apt. #, etc.

Suite 302

City & State

Cocoa, FL

Zip

32922

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 1807

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

32923-1807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FFI Number

591092388

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City & State
1	2	3	4
Receiver	James S Theriac, III	96 Willard Street Suite 302	Cocoa FL, 32922
Receiver	Dennis Basile	96 Willard Street, Suite 302	Cocoa FL, 32922

REINSTATEMENT

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8. Name and Address of Current Registered Agent

*Corporation placed in Receivership
in October 1995; Case No. 95-
1092-CA-17, Circuit Court in and for
St. Lucie County*

9. Name and Address of New Registered Agent

Name *Bradly Roger Bettin, Sr.*
Street Address (P.O. Box Number is Not Acceptable)
96 Willard Street
Suite, Apt. #, Etc. *Suite 302*
City *Cocoa* State *FL* Zip Code *32922*

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

Brad Bettin
REGISTERED AGENT MUST SIGN

Date *June 18, 1998*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Dennis Basile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James S. Theriac III

June 18, 1998
Date

407-639-1320
Daytime Phone #

CR2E040 (1/98)