

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **349346**

1. Corporation Name

FLORANGA INC.

FILED
00 SEP 12 PM 3:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
252 ISLIP AVE. ISLIP, NY 11751	252 ISLIP AVE. ISLIP, NY 11751

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT **13.00**

4. Date Incorporated or Qualified To Do Business in Florida	7/15/1969
5. FEI Number	59-128-1143
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	Applied For Not Applicable

\$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 / Zip
P&S, D	WINIFRED A. FLOOD	50 WEST BAYBERRY RD.	ISLIP, NY 11751

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name NationsCorp Registered Agents, Inc.
	Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue
	Suite, Apt. #, Etc.
	City Tallahassee
	State FL
	Zip Code 32301

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 Ed Flood Pres Date 8-10-00
REGISTERED AGENT MUST SIGN

11. This corporation owes 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.

OK
SIGNATURE: Winifred A. Flood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Winifred A. Flood
Date 7/27/00 Daytime Phone # 631-581-0030
KE

CR2E081 (12/98)