

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

1 Corporation Name

Principal Place of Business

Mailing Address

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

State, Apt #, etc:

Suite, Apt. #, etc.

City & State

City & State

 Z_{150}

Country

Zip

Country

REINSTATEMENT 92-99

4. Date Incorporated or Qualified To Do Business in Florida

10/19/1971

5. FBI Number **59-1371052**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

So \tilde{f}^{\pm} is a left (resp. right) adjoint of f if and only if f is a left (resp. right) adjoint of \tilde{f} .

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
1	2	3	4
P/D	Fred George	505 W. Minnesota Avenue	DeLand, FL 32720
VP/D	Robert E. Graham	233 Nob Hill Circle	Longwood, FL 32779
S/T/D	Glenda Jean George	505 W. Minnesota Avenue	DeLand, FL 32720
			90000306077 -12/03/99--0109 ***1835.00 ** 11 LS

8. Name and Address of Current Registered Agent

B.C. Pyle
715 North Ferncreek
Orlando, FL 32853

9. Name and Address of New Registered Agent

Name **Charles R. George, III**
Street Address (P.O. Box Number is Not Acceptable)
109 East Church Street, 5th Floor
Suite, Apt. #, Etc.

City **Orlando**

State FL	Zip Code 32801
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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

Charles R. George, III

Date 11-12-94

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

(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:

Fred George FRED GEORGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

407-788-0135
Daytime Phone #

1975/03/11