PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REINSTATEMENT

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

FILED
96 OCT 30 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 390117

GEORGES ENTERPRISES INC.
1528 SW HWY 17
ARCADIA, FL 34266

2. If Address ... way, enter the correct address

Address

City

REINSTATEMENT 05-96

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 09-01-71

5. FEI Number: 59-1365376

FEI Number Applied For
FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	RICHARD P. GEORGES	63 RIO VISTA ROAD	ARCADIA, FL ~~33821~~ 34266

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OB11-1-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Richard P. Georges
63 Rio Vista Road
Arcadia Fl 342266

9. If changed, new registered agent / office

Name: Richard P. Georges
Street Address (Do NOT Use P.O. Box Number): 63 Rio Vista Rd
Street Address (Do NOT Use P.O. Box Number):
City: Arcadia State: FL Zip: 342266

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: [signature] Date: 10/24/96

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 10/24/96 Daytime Phone: 941-494-4489

Typed or printed name of signing officer or director