

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **399054**

1. Corporation Name

ATHLETIC MOTIVATION CORPORATION

Principal Place of Business

**849 N GARFIELD AVE
DELAND FL 32724**

Mailing Address

**849 N GARFIELD AVE
DELAND FL 32724**

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

Zip

Country

FILED
96 NOV 12 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

04/11/1972

5. FEI Number

50-1445150

Applied For

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
PD	WILKES, GLENN N. JR.	849 N GARFIELD AVE	DELAND, FL 00000
SD	WILKES, JANE	849 N GARFIELD AVE	DELAND, FL 00000
D	CAREY-WILKES, TARRA	849 N GARFIELD AVE	DELAND, FL 00000
D	WILKES, SCOTT	849 N GARFIELD AVE	DELAND, FL 00000
D	WILKES, ANGELA	849 N GARFIELD AVE	DELAND, FL 00000
D	WILKES, ROBERT	849 N. GARFIELD	DELAND FL

8. Name and Address of Current Registered Agent

**WILKES, GLENN
849 N GARFIELD AVE
DELAND FL 32424**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

700002006197--7

-11/15/96--01086--004

379 FL 375.00

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **9/23/96**

11. 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.)

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:

SIGNATURE REQUIRED
GLENN N. WILKES

9/23/96

904-734-3460