

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT #** 418898

1. Corporation Name

HANDI CHEK, INC.

Principal Place of Business

8426 Country Club Tr.  
Scottsdale, AZ 85255

Mailing Address

W-2513

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

4. Date Incorporated or Qualified To Do Business in Florida

02/12/73

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1451186

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 / Zip
1	2	3	4
P/D	R. Max Hair	8426 Country Club Tr.	Scottsdale, AZ 85255
S/D	William H. Morrison	7100 S. U.S. Highway 17-92	Fern Park, FL 32730

8.75 - Cert  
1350.00 - Adm  
61.25 - AR  
88.75 - ARS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William H. Morrison  
7100 S. U.S. Highway 17-92  
Fern Park, FL 32730

Name

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

500003128535-1

Suite, Apt. #, Etc.

02/08/00-01134-015

City

\*\*\*1508.75

State

Zip Code

FL

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]*

Date 01/27/00

REGISTERED AGENT MUST SIGN

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Morrison

01/27/00

Date

(407)834-1424

Daytime Phone #