

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 28 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **640619**

1. Corporation Name

HEADWAY MANAGEMENT COMPANY

Principal Place of Business

1200 W RETTA ESPLANADE
#58
PUNTA GORDA FL 33950
US

Mailing Address

1200 W RETTA ESPLANADE
#58
PUNTA GORDA FL 33950
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~1200 W Retta Esplanade~~
Suite, Apt. #, etc. ~~Suite 57A~~

3. New Mailing Office Address, If Applicable

~~1200 W Retta Esplanade~~
Suite, Apt. #, etc. ~~Suite 57A~~

City & State
~~Punta Gorda Fla~~

City & State
~~Punta Gorda Fla~~

Zip
~~33950~~

Country
~~US~~

Zip
~~33950~~

Country
~~US~~

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1979

5. FEI Number

93-0754910

Applied For

Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP, D VP, D	BURRIS, DAVID BURRIS, DAVID	20000 BISCAYNE BLVD, SUITE 100 5555 Anglers Ave, Suite 1	AVENTURA FL 33180 Fort Lauderdale, Florida 33312
PD P, D	NORRIS, ALAN & PIAZZA, ALBERT C	1200 W RETTA ESPLANADE #58 5555 Anglers Ave, Suite 1	PUNTA GORDA FL Fort Lauderdale, Fla 33312
AS	WILHITE, BARRY A	1200 W RETTA ESPLANADE #58	PUNTA GORDA FL
DVP ST, D	HODGSON, BRIAN KERRIGAN, PAUL	1200 W RETTA ESPLANADE #58 5555 Anglers Ave, Suite 1	PUNTA GORDA FL Fort Lauderdale, Fla 33312
STD	GROENENBOOM, HERB	1200 W RETTA ESPLANADE #58	PUNTA GORDA FL
700004733577--6 -12/20/01--01009--022 ****758.75 ****758.75			

8. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR ST
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City 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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/19/01

11. 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 DAVID BURRIS

Date

Daytime Phone #

(954)
620-1017