

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 15 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 674448

1. Corporation Name

FLOCO ENTERPRISES, INC.

Principal Place of Business

300 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address

300 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1980

5. FEI Number

59-2043659

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)

01/15/04--01024--005 **150.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SHIRAR, JUDY	300 E ATLANTIC BLVD	POMPANO BCH, FL 00000
T	SHIRAR, DONALD	300 E ATLANTIC BLVD	POMPANO BCH, FL 00000
VP	HAWTHORNE, DEBORAH S	300 E ATLANTIC BLVD	POMPANO BCH FL
S	SHIRAR, SCOTT	300 E ATLANTIC BLVD	POMPANO BCH FL

100025884151
12/31/03--01024--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIRAR, DONALD
300 E ATLANTIC BLVD
POMPANO BCH FL 33060

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/13/04

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD SHIRAR 12/29/03 (754)943-3121

Date

Daytime Phone #

CFR2040 (7/03)