

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99AR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 PM 2:39

DOCUMENT # 680525

1. Corporation Name

IRVIN R. SLABACH, INC.

Principal Place of Business

6396 DANNER DR. UNIT 1
SARASOTA FL 34240

Mailing Address

6396 DANNER DR. UNIT 1
SARASOTA FL 34240



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

07/31/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2010773

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	SLABACH, IRVIN R.	3639 ABERDEEN DRIVE	SARASOTA FL
ST	SLABACH, CAROLYN	3639 ABERDEEN DRIVE	SARASOTA FL

600003058816 - 0
-12/02/99 - 01052 - 005
****158.00 ****158.00

10/10/25

8. Name and Address of Current Registered Agent

SLABACH, IRVIN R.
3639 ABERDEEN DR.
SARASOTA FL 34240

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent
Irvin R. Slabach

REGISTERED AGENT MUST SIGN

Date *Oct 14, 1999*

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: *IRVIN R. SLABACH* *Irvin R. Slabach* 10-14-99 941 371 4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/99)



License # CGC003639



October 14, 1999

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

This letter is to confirm that I did not receive a renewal notice or a second notice of annual corporation report.

As advised by your agent per phone conversation October 14, 1999, I was instructed to fill out the reinstatement application and include it along with a letter of explanation that I did not receive the notices. Furthermore, I was told to include a check in the amount of \$150.00.

Very truly yours,

Irvin R. Slabach
President