

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 # 704479

1. Corporation Name

3080 MANAGEMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

REINSTATEMENT

FILED
98 DEC 11 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable

333 S.W. 25TH STREET

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

Zip

33315

Country

US

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/13/62

5. FEI Number

☒ 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)

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
P/D	DAVID GOCH	333 S.W. 25TH STREET	FT. LAUDERDALE FL 33315
D	ROBERT K. HUBBELL	333 S.W. 25TH STREET	FT. LAUDERDALE FL 33315
D	DAVID BARHART	333 S.W. 25TH STREET	FT. LAUDERDALE FL 33315
			300002711858-6 -12/14/98-01108-016 ***1767.50 ***1767.50
			300002711858-6 -12/14/98-01108-017 *****17.50 *****17.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

WILLIAM F. SEITZ

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

301 E. LAS OLAS BLVD.

Suite, Apt. #, Etc.

SUITE 800

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

WILLIAM F. SEITZ

REGISTERED AGENT MUST SIGN

Date 12/10/98

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID GOCH,

PRESIDENT

Date

Daytime Phone #

CR2E040 (12/95)