

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

00 JAN 28 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

SP

DOCUMENT # 721234

1. Corporation Name
O'FARRELL MANAGEMENT, INC.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable
6980 77th Street

3. New Mailing Office Address, If Applicable
same

4. Date Incorporated or Qualified To Do Business in Florida
6/25/71

Suite, Apt. #, etc.

5. FEI Number

Applied For
☒ Not Applicable

City & State
Vero Beach, FL

City & State

Zip 32967 Country Indian River

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
Pres	John E. Merchant	1871 Robalo Drive	Vero Beach, FL 32960
VP	Brian D. Kruger	6980 77th Street	Vero Beach, FL 32967
Sec	Julia L. Kruger	6980 77th Street	Vero Beach, FL 32967

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name John E. Merchant

Street Address (P.O. Box Number is Not Acceptable)
1871 Robalo Drive

Suite, Apt. #, Etc.

City Vero Beach State FL Zip Code 32960

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 *John E. Merchant* Date 1/27/00

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: *Julia L. Kruger* 561-388-9322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Julia L Kruger 1/27/00

Date Daytime Phone #