

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758673

1. Corporation Name

Full Circle Co-op, Inc

Principal Place of Business

Mailing Address

96 NW 6th Ave
Boca Raton, FL 33432

581 NW 80th Ave
Delray Bch FL
33445-2121

000003082220--C
-12/28/99-01071-011
****236.25 ****236.25

REINSTATEMENT

99

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not

Not

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP	Marshall, Steve	551 N. Military Tr	West Palm, Bch, FL
PD	Pilato, Marie	98 NW 6th Ave	Boca Raton, FL
SD	Street, Lorianne	254 NW 6th Ave	Boca Raton, FL
T	Leavitt, Elisa	21030 Country Creek Pk	Boca Raton, FL
Director	Raiman, Michael	4563 Brady Blvd.	Delray Bch, FL 33445

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Pilato, Marie S
98 NW 6th Ave
Boca Raton, FL 33432

Name

Michael Raiman

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

4563 Brady Blvd.

Suite, Apt. #, Etc.

City

Delray Bch

State
FL

Zip Code

33445-32

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

Michael Raiman

REGISTERED AGENT MUST SIGN

Date

11/15/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael Raiman

Michael Raiman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/99

Date

561-496-1112

Daytime Phone #

KI