

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 OCT 24 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000005964**

1. Corporation Name

NOMOREFORMS, INC.

Principal Place of Business

5396
5990 SCHOOL ROAD
NEW PORT RICHEY FL 34652

Mailing Address

P.O. BOX 458
NEW PORT RICHEY FL 34656

REINSTATEMENT 2003



400024082724
10/24/03--01024--020 **150.00

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

2. New Principal Office Address, If Applicable

5396 School Road

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

Zip

34652

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2001

5. FEI Number **13-4197146**

~~50-3609482~~

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LARSEN, KENNETH N	5390 SCHOOL ROAD	NEW PORT RICHEY FL 34652
VSD P	RUZIKA, STEPHEN J	5390 SCHOOL ROAD	NEW PORT RICHEY FL 34652
VSD	DANNEBERG, JOHN E	5390 SCHOOL ROAD	NEW PORT RICHEY FL 34652
AS	SCHOENFIELD, ELI D	5390 SCHOOL ROAD	NEW PORT RICHEY FL 34652

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

10/23/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03

127-807-2180

CR2E040 (7/03)

nomoreforms

A Technology Powered Service Company



202

October 18, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Nomoreforms, Inc.
Document # F01000005964

To Whom It May Concern:

Nomoreforms, Inc., did not receive the two prior uniform business report notices and therefore respectfully request the reinstatement fee be waived.

Sincerely,

Steve Ruzika
President