

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV 20 AM 11: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F04363**

1. Corporation Name

JOHN C. ENGLEHARDT, P.A.

Principal Place of Business

% JOHN C ENGLEHARDT
1524 E LIVINGSTON ST
ORLANDO FL 32803

Mailing Address

% JOHN C ENGLEHARDT
1524 E LIVINGSTON ST
ORLANDO FL 32803



REINSTATEMENT *96*

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.		12/01/1980	
City & State		City & State		5. FEI Number 50-2043838	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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 Office and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
OP	ENGLEHARDT, JOHN C	1801 FLORIDA DR	ORLANDO FL
		<i>1056 Windsor Cir APOPKA FL 32707</i>	<i>300002011943-1 -11/22/96-01011-025 *****305.00 *****305.00</i>
			<i>300002011943-1 -11/22/96-01011-026 *****70.00 *****70.00</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
ENGLEHARDT, JOHN C 1524 E LIVINGSTON ST ORLANDO FL 32803		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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: SIGNATURE REQUIRED Date: 11-18-96

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: SIGNATURE REQUIRED Date: 11-18-96 Daytime Phone: 407-896-7158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR-2549 (7/95)