

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 # **F97000002342**

1. Corporation Name

FOCAL INVESTMENTS, INC.

99 MAR 12 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12118 N. LOOP RD.
SAN ANTONIO TX 78216

12118 N. LOOP RD.
SAN ANTONIO TX 78216

18160 Hwy. 281 N.
Suite 108 Box 167
San Antonio, TX 78232

18160 Hwy. 281 N.
Suite 108 Box 167
San Antonio, TX 78232

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 1998-1999

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1997

5. FEI Number

APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	CRAIG, WARREN	12118 N. LOOP RD.	SAN ANTONIO TX 78216
S	MORROW, MICHAEL S	12118 N. LOOP RD.	SAN ANTONIO TX 78216
DC	MOHAN, KEVIN	12118 N. LOOP RD.	SAN ANTONIO TX 78216

500002814795--2
-03/23/99--01025--003
*****8.00 *****8.00

500002814795--2
-03/23/99--01025--004
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANLEY, BARBARA J
4522 W. SPRUCE ST., #103
TAMPA FL 33607

Craig, Warren
1355 Pirellas Bayway S
#121
Tierra Verde, FL 33755

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent

Barbara Stanley

REGISTERED AGENT MUST SIGN

Date *12/30/98*

11. This corporation owes or has paid 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barbara Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98 727-887-6959

Date Daytime Phone #

CR2E040 (9/98)