

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 30 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G17400**

1. Corporation Name

TAEKWONDO PLUS OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

6702-C PLANTATION SQ.
PENSACOLA FL 32504-0800

6702-C PLANTATION SQ.
PENSACOLA FL 32504-0800

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

2400 Executive Plaza
Suite, Apt. #, etc.
Pensacola, Florida 32504
City & State

2400 Executive Plaza
Suite, Apt. #, etc.
Pensacola Fla.
City & State

Zip
32504

Country
USA

Zip
32504

Country
USA

4. Date incorporated or Qualified
To Do Business in Florida

01/04/1983

5. FEI Number

59-2242444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Application Fee (per page)
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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	KOLLARS, BERT D	6702-C PLANTATION SQUARE	PENSACOLA FL 32504

500003065235--3
-12/09/99--01051--003
***750.00 ***750.00

REINSTATEMENT **99** **TS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLLARS, BERT D
6702-C PLANTATION ROAD
PENSACOLA FL 32504

Name
Bert Kollars
Street Address (P.O. Box Number is Not Acceptable)
2400 Executive Plaza
Suite, Apt. #, Etc.
Pensacola
City

State
FL
Zip Code
32504

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]

REQUIRED

Date **11-15-99**

REGISTERED AGENT MUST SIGN

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

REQUIRED

11-15-99

Date

850-404-2644

Daytime Phone #

CR22040 (8/99)