

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/08/96--01017--013
****375.00 ****375.00

DOCUMENT # H34207

1. Corporation Name

Bamberg-Handley, Inc.

Principal Place of Business

**3377 Forsyth Road
Winter Park, FL 32792**

Mailing Address

**3377 Forsyth Road
Winter Park, FL 32792**

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

2. New Principal Office Address, If Applicable
N/A

3. New Mailing Address, If Applicable
N/A

4. Date Incorporated or Qualified
To Do Business in Florida **12/14/84**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2468961

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
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
Dir.	Harry N. Handley	3377 Forsyth Road	Winter Park, FL 32792
Dir.	Cathy L. Bamberg	3377 Forsyth Road	Winter Park, FL 32792
Dir.	William E. Bamberg	3377 Forsyth Road	Winter Park, FL 32792
Dir.	Edward Glaser	3377 Forsyth Road	Winter Park, FL 32792

8. Name and Address of Current Registered Agent

**Cathy L. Bamberg
3377 Forsyth Road
Winter Park, FL 32792
(407) 677-9292**

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.

Signature of Registered Agent

Cathy L. Bamberg

REGISTERED AGENT MUST SIGN

Date 11/1/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Cathy L. Bamberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/96 407-677-9292

Date Daytime Phone #

CR2E040 (12/95)