


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 97 JAN -2 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA																												
DOCUMENT # H-45095 1. Corporation Name Richard Guy CONST 326 SE 21 PLACE CAPE CORAL FL. Principal Place of Business Mailing Address 33990			REINSTATEMENT																												
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable SAME Suite, Apt. #, etc. 326 SE 21 PLACE City & State CAPE CORAL FL. Zip 33990 Country LEE 3. New Mailing Address, if Applicable SAME Suite, Apt. #, etc. City & State Zip Country																															
4. Date Incorporated or Qualified To Do Business in Florida 3/01/1983 5. FEI Number 59-2522-033 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																															
7. Names and Street Addresses of Each Officer and/or Director (Florida for-profit corporations must list at least 3 directors) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P-V-D</td> <td>Richard Guy</td> <td>326 SE 21 PLACE</td> <td>CAPE CORAL, FL</td> </tr> <tr> <td>S-D</td> <td>Juanita Guy</td> <td>CAPE CORAL FL. 33990</td> <td>33990</td> </tr> <tr> <td>T-D</td> <td>Richard Guy JR.</td> <td>" " "</td> <td>" "</td> </tr> <tr> <td colspan="4" style="text-align: center;"> NON-PROFIT </td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;"> 300002048583--2 01/02/97 01/12/95 ***\$75.00 ***\$75.00 </td> </tr> </tbody> </table>				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	P-V-D	Richard Guy	326 SE 21 PLACE	CAPE CORAL, FL	S-D	Juanita Guy	CAPE CORAL FL. 33990	33990	T-D	Richard Guy JR.	" " "	" "	NON-PROFIT						300002048583--2 01/02/97 01/12/95 ***\$75.00 ***\$75.00	
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8. Name and Address of Current Registered Agent Richard Guy 326 SE 21 PLACE CAPE CORAL FL. 33990		9. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="display: flex; justify-content: space-between;"> City FL Zip Code </div>																													
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 Richard Guy Date 12/27/96 REGISTERED AGENT MUST SIGN																															
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: **Richard Guy** **Richard Guy** **12/27/96** **941-574-8932**