

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 22 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H76199**

1. Corporation Name

R E REFERRAL COMPANY

Principal Place of Business

Mailing Address

**1255 S. TAMiami TRAIL
SARASOTA, FL 34239**

**PO BOX 2555
SARASOTA, FL 34230**

REINSTATEMENT 96-98

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

1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2688390

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	JAMES R. JACKSON	1255 S. TAMiami TRAIL	SARASOTA, FL 34239

300002673183--3

-10/27/98--01033--012

*****1050.00 ***1050.00**

[Signature] 10/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWIN TAYLOR

**1255 S. TAMiami TRAIL
SARASOTA, FL**

Name

ROGERS MOORE

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

1255 S. TAMiami TRAIL

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

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]

REGISTERED AGENT MUST SIGN

Date

10/15/98

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-98

Date

Daytime Phone #

CR2E040 (12/96)