| PLEASE READ ALL INSTRUCTIONS BEFORE C | | | | | | ING THE SOFT DAIM | | |
|--|---|------------------------|--|--|--|----------------------------|---|--|
| APPLICATION APPLICATION | | | FLORIDA DEPARTMENT OF STATE | | AND | | | |
| | FOR | | Sandra B. Mortham Secretary of State | | P.H.E.L | | | |
| REIN | STATEMENT | | DIVISION OF CORPORATIONS | | 1997 DEC 10 AM 9: 01 | | | |
| DOC | UMENT# J | * | • | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| PRUDENTIAL FINANCIAL SERVICES, LTD., CORP. | | | | | IALLAHASSEE. FLORIDA | | | |
| ולטטנ | ENTIAL MINANCIA | il denviced, | LID., CORP. | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| | INGTON CT., W. | 5540 SC | 5540 SCARINGTON CT., W. | | | | | |
| Somerset Village Orlando Fl 32821 | | | SOMERSET VILLAGE ORLANDO FL 32821 | | | | (1 B1B1f B1B1f B1B1f B1B1f 11B1 | |
| | | | | | | | | |
| | iddresses are incorrect in any v incipal Office Address, If Applic | | ect information and enter Malling Office Address, I | | 4. Date Incorp | orated or Qualified | | |
| Suite, Apt. | #, etc. | Suite, Ap | Suite, Apt. #, etc. | | | | 3/16/1987 | |
| City & State | 9 | City & Si | City & State | | 5. FEI Number | NOT APPLICABLE | Applied For | |
| Zip | Country | Zip | Zip Country | | 6. | | Not Applicable 75 Additional Fee required | |
| 7 M | | | | | | E OF STATUS DESIRED [_] | or a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each | | | | | | | | |
| 1 | | | Officer and/or Director 3 (Do NOT Use Post Office Box N | | | | | |
| D SANDS, NICHOLAS M. | | | 5540 SCARINGTON COURT, W | | ORLANDO, FL. 32821 | | | |
| | | | | 1000023757312- -12/1 <u>7/</u> 9701111003 | | | | |
| | | | | | | ****758.75 | ****758.75 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | 07.00 | | | |
| | | | | | REINSTATEMENT " NOP" | | | |
| | | | | | ·· | | | |
| | D. Name and Address | of Current Devletared | 4 | T | G Name and I | Ideas of New Decisions | Agont | |
| 8. Name and Address of Current Registered Agent Name | | | | | 9. Name and 2 | ddress of New Registered / | Agent | |
| SANDS, NICHOLAS M. 5540 SCARINGTON COURT W. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | IDO FL 32821 | | Sulte, Apt. #, Etc. | | | | | |
| | | | City | | State Zip Code | | | |
| 10. I, being appointed the registered agont of the above napped corporation, am familiar with and accept the oblig | | | | | | FL | | |
| | | | | | | | | |
| Registered a | Agent//////// | is Mylim REGISTERED | AGENT MUST SIGN | | | Date Sp7 | 1/77/ | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No This corporation (See other side for information per 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: ANN JORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9/15/9) 407-239-8886 Daylime Phone # | | | | | | | | |