

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

DOCUMENT # **J64247**

1 Corporation Name

RECORDATA OF SOUTHWEST FLORIDA, INC.

96 DEC 17 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1451 S. JEFFERSON AVE.
C/O LAURIE ANN COLETTA
SARASOTA FL 34239

Mailing Address

1451 S. JEFFERSON AVE.
C/O LAURIE ANN COLETTA
SARASOTA FL 34239



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 03/27/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2809539	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 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
PCO	COLETTA, LAURIE ANN	1451 S. JEFFERSON	SARASOTA FL
VS	STOUDT, MARGARET	2515 GROVE ST.	SARASOTA FL
T	STOUDT, FRANKLIN W.	2515 GROVE ST.	SARASOTA FL

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COLETTA, LAURIE ANN 1451 S JEFFERSON AVE SARASOTA FL 33579		Name Street Address (P.O. Box Number) Suite, Apt. #, Etc. City State Zip Code	
		400002033454--2 -12/19/96--01027--004-- ****375.00 ****375.00 FL	

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 Laurie Ann Coletta **REQUIRED** Date 12/10/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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: Laurie Ann Coletta **REQUIRED** Date 12/10/96 Daytime Phone # 941-955-1652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR