

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J74829**

1. Corporation Name

AUTHORIZED MANAGEMENT, INC.-TWO

Principal Place of Business

Mailing Address

~~44802 N DALE MABRY~~
~~STE-100~~
~~TAMPA FL 33618~~
US

~~44802 N DALE MABRY~~
~~STE-100~~
~~TAMPA FL 33618~~
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P. O. Box 17559

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33682-7559

USA



REINSTATEMENT 96+97
mwb

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1987

5. FEI Number

59-2914653

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WEATHERMAN, BETTY	44802 N DALE MABRY STE 100 16403 Zurraquin de Avila	TAMPA FL Tampa, FL 33613
VD	WEATHERMAN, GARY	44802 N DALE MABRY STE 100 16403 Zurraquin de Avila	TAMPA FL Tampa, FL 33613

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****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WEATHERMAN, BETTY D~~
~~16106 NIGHTHAWK DR~~
~~SUITE 100~~
~~TAMPA FL 33625~~

Name

GARY WEATHERMAN

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

16403 Zurraquin de Avila

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

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

Gary Weatherman

REGISTERED AGENT MUST SIGN

Date 2/14/97

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)(f), 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:

Gary Weatherman

GARY WEATHERMAN/V. Pres.

2/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)