

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 # J80600

1. Corporation Name

CUNNINGHAM, INC.

Principal Place of Business

11905 NW 35TH ST.
#4
CORAL SPRINGS FL 33065
US

Mailing Address

11905 NW 35TH ST.
#4
CORAL SPRINGS FL 33065
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Cunningham Inc
Suite, Apt. #, etc.
11737 NW 27 ST
City & State
Coral Springs FL
Zip
33065 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
11737 NW 27 ST
City & State
Coral Springs FL
Zip
33065 Country
USA

4. Date Incorporated or Qualified To Do Business In Florida

07/01/1987

5. FEI Number

65-0157930

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)

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	CUNNINGHAM, SCOTT	11737 NW 27ST	CORAL SPRINGS FL

500002739285--6
-01/13/99-01030-006
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

POTTUCK, GARRY R.
7797 N UNIVERSITY DRIVE SUITE 208
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name *Scott Cunningham*
Street Address (P.O. Box Number is Not Acceptable)
11737 NW 27 ST
Suite, Apt. #, Etc.
City *Coral Springs* State **FL** Zip Code *33065*

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]

NATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/2/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/98
Date

9547557665
Daytime Phone #

CR2E040 (9/98)