

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L17136**

1. Corporation Name

Charles "Rob" Defoor & Associates

2. Principal Office Address

P. O. Box 3182

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Zip

32703

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/29/88

5. FEI Number

59-2879723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000003768620--1
-02/26/01--01146--011
****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

Charles R. Defoor

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

427 Knoll Tree Lane

Suite, Apt. #, Etc.

City

Apopka

State
FL

Zip Code
32703

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **2-14-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Charles R. Defoor	427 Knoll Tree Lane	Apopka, Florida 32703

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

Date

407-280-9811

Daytime Phone #

CR2ED01 (9/00)

242

CHARLES "ROB" DEFOOR & ASSOCIATES, INC.

Post Office Box 1763
Apopka, Florida 32704
(407)880-9811

February 8, 2001

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement - Charles "Rob" Defoor & Associates, Inc.

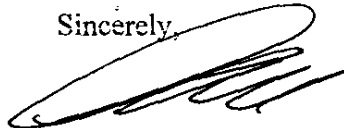
Dear Sir or Madam:

Per telephone conference with your office, I am enclosing our Reinstatement form for processing. Our notice for annual filing was not received at our office address, post office box or office of registered agent. Our change of address was previously forwarded to you and to the Department of Professional Regulations. I have confirmed that the Department of Professional Regulations has changed their records. Please verify that all correspondence is being mailed to Post Office Box 1763, Apopka, Florida 32704.

As instructed, I have enclosed the completed Corporate Reinstatement, Annual Report and our check for \$300.00 for filing fees for the years 2000 and 2001.

Please advise if additional information or action is needed from our office.

Sincerely,



Rob DeFoor, President
Charles "Rob" DeFoor & Associates, Inc.

Enclosures