PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE FORA(-DIVISION OF CORPORATIONS 96 HOV 26 PM 3:41 REINSTATEMENT **DOCUMENT#** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name If above addresses are incorrect in any way, line through incorrect information and enter correction below DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 3. New Principal Office Address, If Applicable 2. New Mailing Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 5. FEI Number City & State City & State Country CERTIFICATE OF STATUS DESIRED Zip Country 0.4. 在原来的最初 7. Names and Street Addresses of Each Officer and/or Director (Florida comprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) W.W. 46 DR Pass SPRINGS 100002017091-8. Hame and Address of Current Registered Agent PETER J. SYROS, JR. Street Address (P.O. Box Number is Not Acceptable) 11022 N.W. 46 DR Suite, Apt. W. Etc. CORAL Speiligs, #1. 33076 10. I, being appointed the registered egent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent ERED AGENT MUST SIGN 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) No X 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Stabiles: release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public secret; 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 517, F.S. I surface certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporation as attributes the requirements of section 607.0401 or 517.0401, F.S. and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Dept. of Revenue under S. 199.032, Florida Statutes. SIGNATURE: GOFFICER OR DIRECTOR