

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -5 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K37692

1. Corporation Name

Warren L Fountain & Associates Inc

100168107481
02/05/10--01035--020 **900.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

3700 34th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3700 34th Street

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

USA

Zip

32805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1988

5. FEI Number
59-2915335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Warren L Fountain

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

3700 34th Street

Suite, Apt. #, Etc

City

Orlando

State

FL

Zip Code

32805

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

2/2/10

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
P,D	Warren L Fountain	8407 Foxworth Circle	Orlando, FL 32819
VP,D	Michael W Foutain	8373 Tibet-Butler Dr	Windermere, FL 34786
	REINSTATEMENT	RM	

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

Daytime Phone #

2/2/10