

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 19 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L11499**

1. Corporation Name

Prince Associates, Inc.

2. Principal Office Address

1458 Aloma Avenue

Suite, Apt. #, etc.

1

3. Mailing Office Address

1458 Aloma Avenue

Suite, Apt. #, etc.

1

Winter Park, Florida

City & State

Winter Park, Florida

Zip

32789

Country

Orange

Zip

32789

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

10-19-89

5. FEI Number

59-2970314

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

Francie S. Prince

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

1458 Aloma Avenue

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code

32789

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

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
Pres.	Francie S. Prince	1458 Aloma Avenue	Winter Park, Florida 32789

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:

Francie S. Prince

Francie S. Prince, President

12-16-02

407 682-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)

Princ 2002

PRINCE ASSOCIATES, INC.

1458 ALOMA AVENUE
WINTER PARK, FLORIDA 32789
407 682-2277
FAX: 407 774-6022

December 16, 2002

Florida Department of State
Mr. Jim Smith
Secretary of State
Division of Corporation
P. O. Box 6327
Tallahassee, Fl. 32314

Dear Mr. Smith:

I failed to file my corporation's annual report because we moved and I never received the paper work from the state. I called and spoke with Michelle and she told me that my report was returned to the state. I want to reinstate my corporate status and have enclosed a check for \$150.00.

Thank you with your help with this matter.

Sincerely,



Francie Prince, President