

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L27799**

1. Corporation Name

PROFILES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

% DENNIS D. DEMOLE
4948 E COLONIAL
ORLANDO FL 32803

% DENNIS D. DEMOLE
4948 E COLONIAL
ORLANDO FL 32803

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1989

5. FEI Number

59-2570159

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)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DEMOLE, DENNIS D.	4948 E COLONIAL	ORLANDO FL

100024862141
11/19/03--01065--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEMOLE, DENNIS D.
4948 E. COLONIAL DRIVE
ORLANDO FL 32803

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

X 11-17-03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis D. Demole

Date

Daytime Phone #

X 11-17-03

Profiles of Central Florida, Inc

4948 E Colonial Dr.
Orlando, FL 32803

November 3, 2003

**Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314-6327**

To Whom It May Concern:

I am sending copy of the Application for Reinstatement of my companies just received, for some reason I did not receive then for the year 2003. The document numbers are P02000121581 (Atlantic Ed, Inc) and L27799 (Profiles of Central Florida, Inc), I never received the original Uniform Business Report from 2003, and I did not know we have to pay this fee every year until my bookkeepers advice me. I do not have any problem to pay the annual fee, but I asking for wave the penalty fee, please receive my checks of \$150.00 for each of my companies.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dennis Demole', written over a horizontal line.

Dennis Demole
President