

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 28 PM 12:18

DOCUMENT # **L50463**

1. Corporation Name

George Everett Associates, Inc.

800133534638
07/28/08--01049--011 **1200.00

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

120 E. Granada Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

120 E. Granada Blvd.

Suite, Apt. #, etc.

CR2E081 (12/07)

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

US

Zip

32176

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/1990

5. FEI Number

593004209

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

Henry P. Duffett, Attorney at Law

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

120 E. Granada Blvd.

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32176

☐ 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

Henry P. Duffett
REGISTERED AGENT SIGN

Date

7/24/08

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	Amy K. Murphy	6189 Sequoia Drive	Port Orange, FL 32127

REINSTATEMENT

05-08 B 7/24/08

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 contained in Chapter 119, 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:

Amy K. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/08 (386) 852-8954

Daytime Phone #