

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 13 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L65033

1. Corporation Name

WHITAKER ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

C/O JESSE DONALD WHITAKER
3482 CURRYVILLE ROAD
CHULUOTA FL 32766

% JESSE DONALD WHITAKER
P.O. BOX 620579
OVIEDO FL 32762-0579



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2998437

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WHITAKER, JESSE DONALD	3448 CURRYVILLE ROAD	CHULUOTA FL 32766
VP	WHITAKER, TIMOTHY S	3448 CURRYVILLE ROAD	CHULUOTA FL 32766
T	WHITAKER, BRENDA JOYCE	3448 CURRYVILLE ROAD	CHULUOTA FL 32766
S	TYRE, KELLY	12318 GINGHAM COURT	ORLANDO FL 32828

8. Name and Address of Current Registered Agent

WHITAKER, JESSE DONALD
3448 CURRYVILLE ROAD
CHULUOTA FL 32766

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 400003514724-4
City FL
12/27/00-01075-004
****158.75 State ****158.75

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.

Signature of
Registered Agent

Jesse Donald Whitaker
REGISTERED AGENT MUST SIGN

Date 12-11-2000

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)(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:

SIGNATURE REQUIRED JESSE DONALD WHITAKER
12-11-2000 407365-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #