

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L78140

1. Corporation Name

P.R.F. PROPERTIES, INC.

Principal Place of Business

5143 LIMESTONE DR.  
NEW PORT RICHEY FL 34668  
US

Mailing Address

5143 LIMESTONE DR.  
NEW PORT RICHEY FL 34668  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
5349 Charles Street  
City & State  
New Port Richey, FL  
Zip  
34652  
Country  
Pasco

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
5349 Charles Street  
City & State  
New Port Richey, FL  
Zip  
34652  
Country  
Pasco

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1990

5. FEI Number

59-3022447

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	STILLWAGON, LEWIS R.	5143 LIMESTONE DR. 5349 Charles Street	NEW PORT RICHEY FL 34668- 34652
S	MEREDITH, MERY L.	5143 LIMESTONE DR. 5349 Charles Street	NEW PORT RICHEY FL 34668- 34652

100002658671-8  
-10/08/98--01013--004  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

STILLWAGON, LEWIS R  
5143 LIMESTONE DR.  
NEW PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name  
STILLWAGON, LEWIS R.  
Street Address (P.O. Box Number is Not Acceptable)  
5349 Charles Street  
Suite, Apt. #, Etc.

City  
New Port Richey

State  
FL

Zip Code  
34652

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 *Lewis R. Stillwagon*  
REGISTERED AGENT MUST SIGN

Date Sept. 21, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: *Lewis R. Stillwagon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 21, 1998 (727)

Date

Daytime Phone #

FILED

98 SEP 29 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98

CR2E040 (8/97)