

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 187664

1. Corporation Name

1470 WEST, INC.

Mailing Address

Principal Place of Business

P.O. Box 2670

Dunedin, FL 34697

325 Main Street

Dunedin, FL 34697

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

2. New Mailing Address, If Applicable

P.O. Box 2670

3. New Principal Office Address, If Applicable

325 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dunedin, FL

City & State
Dunedin, FL

Zip

34697

Country

US

Zip

34697

Country

US

FILED

97 MAY -8 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

July 18, 1990

5. FEI Number

59-3029554

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/ S/D	THOMAS J. UTTERBACK	800 Newton Drive	Beavercreek, OH 45434

700002173177--6
-05/09/97--01093--001
*****923.75 *****923.75

45897

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jerry C. Cobb, Esquire
501 S. Ft. Harrison Avenue, Suite 206
Clearwater, FL 34616

Name

Jerry C. Cobb, Esquire

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

501 S. Ft. Harrison Avenue

Suite, Apt. #, Etc.

Suite 206

City

Clearwater

State

FL

Zip Code

34616

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

J. Cobb

REGISTERED AGENT MUST SIGN

Date April 25, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Thomas J. Utterback

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

813-442-3465