

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN -2 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M81243

1. Corporation Name

EVICTORS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 200476
DAVIE FL 33020-7475

POST OFFICE BOX 200476
DAVIE FL 33020-7475



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

REINSTATEMENT

01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

City & State

Hollywood, FL.

Hollywood, FL.

Zip

Country

Zip

Country

33020 Broward

33020 Broward

5. FEI Number

65-0049338

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
1	2	3	4
D	ABRAMSON, RON	6455 ORANGE DR.	DAVIE FL
D	ABRAMSON, PATRICIA D.	6455 ORANGE DR.	DAVIE FL
P/T/D	Bradshaw, Ann B.	2455 Hollywood Blvd.	Hollywood, FL 33020
V/S/D	Abramson, Patricia D.	2455 Hollywood Blvd.	Hollywood, FL 33020
D	Harris, Lillie	2455 Hollywood Blvd.	Hollywood, FL 33020

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8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

ABRAMSON, RON
6455 ORANGE DRIVE
DAVIE FL 33314

Name
Ann B. Bradshaw, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2455 Hollywood Boulevard
Suite, Apt. #, Etc.
104
City
Hollywood
State
FL
Zip Code
33020

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

Ann B. Bradshaw

Date September 30, 1996

REGISTERED AGENT MUST SIGN

11. 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.)

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: Ann B. Bradshaw Sept. 30, 1996 954-922-4208

CH20010 (7/96)