

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 # M93066

1. Corporation Name

FL ENTERPRISES MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4661 WOODLANDS VILLAGE DR.
ORLANDO FL 32835

4661 WOODLANDS VILLAGE DR.
ORLANDO FL 32835

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

2. New Principal Office Address, If Applicable

9119 Balmoral Mews Square

3. New Mailing Office Address, If Applicable

9119 Balmoral Mews Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WINDERMERE, FLORIDA

WINDERMERE FLORIDA

City & State

City & State

Zip

Country

Zip

Country

34786

USA

34786

USA

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
D	STAPE, TERRY R.	4661 WOODLANDS VLGE DR 9119 BALMORAL MEWS SQUARE	ORLANDO FL WINDERMERE, FL 34786
D	STAPE, FRANK A.	3118 BUTLER BAY DRIVE	WINDERMERE FL
			200002700092--4 -12/02/98--01038--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STAPE, TERRY R.
4661 WOODLANDS VILLAGE DR.
ORLANDO FL 32835

Name

Terry R. Stape

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

9119 BALMORAL MEWS SQUARE

Suite, Apt. #, Etc.

WINDERMERE

City

State

Zip Code

FL

34786

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

Terry R. Stape

REGISTERED AGENT MUST SIGN

Date 11-17-98

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:

Terry R. Stape REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-98
Date

407.341-4485
Daytime Phone #



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (9/98)