

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 JUN 15 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00607**

1. Corporation Name

**HP FLORIDA REGIONAL USERS GROUP
(FLORUG), INC.**

Principal Place of Business

Mailing Address

**14960 FEATHERSTONE WAY
DAVIE, FL 33331**

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

8/13/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2481676

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	JIM SAMPLES	1407 COMPTON ST	BRANDON, FL 33511
V/D	PAUL LEBLANC	128 FIRST SE EAST	TIERRE VERDE, FL 33715
SH/D	GLORIA EBERLE	14960 FEATHERSTONE WAY	DAVIE, FL 33331
D	HOWARD SCHELIN	1 HERALD PLAZA	MIAMI, FL 33132-1693
			MIAMI, FL 33132-1693 -06/23/98--01109--005 ***551.25 ***551.25 6-16-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

GLORIA EBERLE

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

14960 FEATHERSTONE WAY

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33331

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

GLORIA EBERLE

REGISTERED AGENT MUST SIGN

Date

6/1/98

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:

GLORIA EBERLE

GLORIA EBERLE

G EBERLE

Date

Daytime Phone #

6/1/98 (954) 558-3267

CR20040 (1/98)