

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002405

1. Corporation Name

FLORIDA PROSPECTS, INC.

Principal Place of Business

4811 HANCOCK LAKE RD  
LAKELAND FL 33813

Mailing Address

4811 HANCOCK LAKE RD  
LAKELAND FL 33813

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2002

5. FEI Number

04-3656435

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C/P	Kim D Cherry	4811 HANCOCK LAKE RD LAKELAND FL 33813	
D	Denise Burnett	3214 BRIDGEFIELD DRIVE LAKELAND FL 33803	
D	William H. Cherry	4811 HANCOCK LAKE RD LAKELAND FL 33813	

100024170111  
10/27/03-01080-007 \*\*236.25

8. Name and Address of Current Registered Agent

CHERRY, KIM  
4811 HANCOCK LAKE RD  
LAKELAND FL 33813

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 22 OCT 03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Oct 03

Date

863 5817858

Daytime Phone #

CR2E040 (7/03)