

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 DEC -7 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 39808**

1. Corporation Name
Southwest Florida Technology Center

Principal Place of Business

Mailing Address

**3207 NW 23rd Terrace
Boca Raton, FL 33431**

REINSTATEMENT *98*

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

2. New Principal Office Address, If Applicable

3207 NW 23rd Terrace

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3207 NW 23rd Terrace

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2 Dec 1991

5. EEI Number

65-0242111

Applied For

Not Applicable

City & State

Boca Raton, FL

City & State

Boca Raton FL

Zip

33431

Country

Palm Beach

Zip

33431

Country

Palm Beach

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	Sharon H. Taylor (D)	3207 NW 23rd Terr	Boca Raton, FL 33431
T	Richard Taylor (D)	14535 Bruce B Downs Blvd Apt 1913	Tampa, FL 33613
S	David L. Mikelson (S)	3207 NW 23rd Terr	Boca Raton, FL 33431

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-12/11/98-01022-019

******245.00 ****245.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DAVID L. MIKELSON
3207 NW 23rd Terrace
Boca Raton, FL 33431**

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.

Signature of
Registered Agent **David L. Mikelson**

Date

REGISTERED AGENT MUST SIGN

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)(f), 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: **David L. Mikelson** **DAVID L. MIKELSON** **11/16/98** **954-958-7906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1/98)