

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF REVENUE  
 Secretary of State  
 DIVISION OF CORPORATIONS



**98-99AR**

FILED

MAY 28 AM 11:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N41768**

1. Corporation Name  
**75 West II Maintenance, Inc.**

Principal Place of Business Mailing Address  
**13429 NW 32 Place**  
**Gainesville, FL 32606** **SAME**

**REINSTATEMENT 98-99**

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 <b>1990!</b>	
Suite, Apt. #, etc. <b>SAME</b>		Suite, Apt. #, etc. <b>SAME</b>		5. FEI Number <b>59-1756778</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	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
President		Robert Eric Kaplan-Stein		13429 NW 32 PLACE Gainesville, FL 32606		Gainesville, FL 32606
Director		John Pastore		3510 NW 92 Blvd		Gainesville
Director		Deb James		3534 NW 97 Blvd		Gainesville
Director		Wayne James		3534 NW 97 Blvd		Gainesville
						200002899832--8 -06/03/99--01038--006 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Robert Kaplan-Stein**  
 Street Address (P.O. Box Number is Not Acceptable) **13429 NW 32 Place**  
 Suite, Apt. #, Etc. **Gainesville, FL**  
 City **Gainesville** State **FL** Zip **32606**

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

REGISTERED AGENT MUST SIGN

Date **4/28/99**

11. This corporation owes 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.

**Robert Kaplan-Stein**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99**

**352-332-0401**

Daytime Phone #

CR2E01 (12/98)