

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48549**

1. Corporation Name
PHONE-A-FLOAT PLAN, INC.

Principal Place of Business Mailing Address
**1915 S.W. 21ST AVE.
JACKSON MARINE
FT LAUDERDALE FL 33312**

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

2. New Principal Office Address, If Applicable
2175 STATE RD 84

Suite, Apt. #, etc.
MARINA BAY

City & State
FT. LAUDERDALE FL

Zip Country
33312 U.S.A.

3. New Mailing Office Address, If Applicable
2175 STATE RD 84

Suite, Apt. #, etc.
MARINA BAY

City & State
FT. LAUDERDALE FL

Zip Country
33312 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
4-24-92 SP

5. FEI Number
65-0338583

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
PRES	DONALD R. BISH	11111 BISCAYNE BLVD.	MIAMI - FL - 33181
V-PRES	DONALD FARMER	1635 MORNINGSTAR DR.	MOUNT DORA FL 32757
DIR	FRANK SARDINIA	1401 N. RIVERSIDE DR.	PAMPANO BEACH FL 33062
DIR	RICHARD SABLON	11900 BISCAYNE BLVD.	MIAMI, FL 33181
DIR	ROBERT A. PORTER	20310 NE 2ND AVE APT. 202	N. MIAMI BEACH FL 33179

8. Name and Address of ~~Current~~ **NEW** Registered Agent

STUART MARKUS
2251 S.W. 22ND ST.
MIAMI, FL 33145

9. Name and Address of ~~Current~~ **CURRENT** Registered Agent

Name **RICHARD A. MACLARY**
Street Address (P.O. Box Number is Not Acceptable)
3000 E. SUNRISE BLVD.
Suite, Apt. #, Etc.
Suite 7B
City **FT. LAUDERDALE** State **FL** Zip Code **33304**

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 **[Signature]** Date **1-7-00**
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: **[Signature]** **SEC.** **1-7-00** **352-383-5154**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD FARMER Date Daytime Phone #