

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

97 JUN 23 PM 2:19

DOCUMENT # N93000002313

1. Corporation Name

FLORIDA DLC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

Principal Place of Business

Mailing Address

501 E. TENNESSEE STREET
SUITE A
TALLAHASSEE FL 32308

P.O. BOX 11024
TALLAHASSEE FL 32302



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

05/20/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3222447

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33801

Polk

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)

000002225570--7

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/O	MILLS, JON	1215 NW 23RD TERR.	GAINESVILLE FL 32608
VP/D	LANGTON, MICHAEL	4244 ST. JOHNS AVE	JACKSONVILLE FL 32210
S/O	GRIZZARD, ROBERT	115 TRADEX'S ALLEY	LAKELAND FL 33801
T/D	EDENFIELD, MARTHA	216 SO. MONROE ST	TALLAHASSEE FL 32301
D	SHELDON, GEORGE H	1153 TERRACE ST	TALLAHASSEE FL 32308
D	GRIZZARD, BOB	2612 COLLINS AVE	LAKELAND FL 33808

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BISHOP, BARNEY H II
501 EAST TENNESSEE ST.
SUITE A
TALLAHASSEE FL 32308

Name

ROBERT GRIZZARD, ESQ.

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

115 Traders Alley

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code
33801

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

6-20-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-20-97

941-682-8181

CR2E040 (7/96)