

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000002381**

1. Corporation Name

FLORIDA ELECTRO-OPTICS INDUSTRY ASSOCIATION, INC

Principal Place of Business

**12565 RESEARCH PKWY.SUITE 300
ORLANDO FL 32826**

Mailing Address

**12565 RESEARCH PKWY.SUITE 300
ORLANDO FL 32826**

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

12/11/1995

5. FEI Number

59-3352840

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**



600008830036
11/06/02--01068--020 **236.25

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	4 City / State / Zip
DP	SAUNDERS, JEFF	12565 RESEARCH PARKWAY,STE 300	ORLANDO FL 32826
D	PANOUSIS, PETER	12565 RESEARCH PARKWAY,STE 300	ORLANDO FL 32826
D	SOILEAU, M.J	12443 RESEARCH PARKWAY,STE 300	ORLANDO FL 32826
D	KILLINGER, DENNIS	4202 EAST FOWLER AVENUE,PHY 114	TAMPA FL 33620
D	SUCH OSKI, PAUL	3403 TECHNOLOGICAL AVENUE	ORLANDO FL 32817
D	CATEO, HAROLD T	5600 SAND LAKE ROAD,MP 941	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

**SAUNDERS, JEFF
12565 RESEARCH PARKWAY
SUITE 300
ORLANDO FL 32826**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if Applicable)

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 **10/23/02**

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

10/23/02 407 882-0208

Date

Daytime Phone #

CR2E040 (8-02)