

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 2:10

DOCUMENT # **N99000000486**

1. Corporation Name

A COMPANY OF MEN, INC.

Principal Place of Business

1577 AVLEIGH CIRCLE
ORLANDO FL 32824

Mailing Address

P.O. BOX 770824
ORLANDO FL 32877



REINSTATEMENT

0001

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

01/21/1999

5. FEI Number

59-3554012

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<i>RD</i>	LANDRAU, PETER	1577 AVLEIGH CIRCLE	ORLANDO FL 32824
D	MALDONADO, DAISY	830 JENKINS STREET	KISSIMMEE FL 34741
D	HIRALDO, NIESA	163 HIDDEN SPRINGS	KISSIMMEE FL 34743
<i>FD</i>	CANACHO, VILMA	322 OAK BLUFF DR.	ORLANDO, FL 32827
			400003810934--0 -03/08/01--01002--024 ****178.00 ****178.00

8. Name and Address of Current Registered Agent

LANDRAU, PETER
1577 AVLEIGH CIRCLE
ORLANDO FL 32824

9. Name and Address of New Registered Agent

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

Peter Landrau
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/30/01

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:

Peter Landrau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *1/30/01* Daytime Phone # *407 855-6700*

CR2040 (800)