

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
EINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000011853

Corporation Name

POSSICK MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

N. CLYDE MORRIS BLVD., STE. B
DAYTON BEACH FL 32114

2406 JOHN ANDERSON DR
ORMOND BEACH FL 32176

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

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2000

5. FEI Number

59-3622275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PTS	POSSICK, EUGENIA M	2406 JOHN ANDERSON DR	ORMOND BEACH FL 32176

500023915685
10/17/03 01091 020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POSSICK, EUGENIA M
655 N. CLYDE MORRIS BLVD., STE. B
DAYTON BEACH FL 32114

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. or 617.0505, F.S.

Signature of
Registered Agent

Eugenia M. Possick
REGISTERED AGENT MUST SIGN

Date

Oct. 10, 2003

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.

EUGENIA M. POSSICK

SIGNATURE:

Eugenia M. Possick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 19 2003

Daytime Phone #

FILED

03 OCT 17 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (7/03)