

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000025477

1. Corporation Name

PLUMMOR OF CENTRAL FLORIDA, INC.

Principal Place of Business

132 BOUGAINVILLE N.E.
LAKE PLACID FL 33852

Mailing Address

132 BOUGAINVILLE N.E.
LAKE PLACID FL 33852

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

03/13/2000

5. FEI Number

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PENLAND, JAMES	132 BOUGAINVILLE N.E.	LAKE PLACID FL 33852

8. Name and Address of Current Registered Agent

SCHREIBER, FRANCES ESQ
1 N.E. 2ND AVE.
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name James H Penland
Street Address (P.O. Box Number is Not Acceptable)
132 Bougainville St. N.E.
Suite, Apt. #, Etc.
City LAKE PLACID State FL Zip Code 33852

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-17-2001

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
James H Penland President 10-17-2001 (863) 699-9391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2001

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****750.00 ****750.00

Signature

CR2ED40 (8/01)