

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000068752

1. Corporation Name

4 LADS, INC.

Principal Place of Business

321 MELBOURNE AVENUE  
INDIALANTIC FL 32903

Mailing Address

~~321 MELBOURNE AVENUE~~  
~~INDIALANTIC FL 32903~~

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

2. New Principal Office Address, If Applicable

1212 E. Strawbridge  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1212 E. Strawbridge  
Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32901 Brevard

Zip

32901 Brevard

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/2000

5. FEI Number

59 3663438

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DUNNING, JAMES E	321 MELBOURNE AVENUE	INDIALANTIC FL 32903
STD	DUNNING-MUNSON, DARLENE C	321 MELBOURNE AVENUE	INDIALANTIC FL 32903

300004705359--1  
-12/05/01-01017-006

\*\*\*750.00; 750.00

8. Name and Address of Current Registered Agent

TSAMOUTALES, NICHOLAS F  
1900 PALM BAY ROAD, NE  
SUITE G  
PALM BAY FL 32905

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

Registered Agent The Same

Date

10/20/01

REGISTERED AGENT MUST SIGN

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:

Darlene C. Dunning-Munson

Darlene C. Dunning-Munson

Date

Daytime Phone #

10/20/01 727-3636

FILED

01 NOV -8 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)