

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000079823**

1. Corporation Name

**SIMPLE FINANCIAL, INC.**

Principal Place of Business

Mailing Address

5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233

5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233

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

2. 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

08/23/2000

5. FEI Number

65-1037389

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	MORRIS, WILLIAM S	5777 BENEVA ROAD SOUTH	SARASOTA FL 34233
D	PREVATT, DANIEL	5777 BENEVA ROAD SOUTH	SARASOTA FL 34233
D	HAVELL, KRISTINE	5777 BENEVA ROAD SOUTH	SARASOTA FL 34233
			200004719392--3 -12/11/01--01084--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HAVELL, KRISTINE  
5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233

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

*Kristine Havell*

REGISTERED AGENT MUST SIGN

Date 10-31-01

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:

*Kristine Havell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-01

Daytime Phone #

(941) 923-0964

2012

**Simple Financial, Inc.**  
**5777 Beneva Road South**  
**Sarasota, FL 34233**

10/31/01

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Simple Financial, Inc., EIN 65-1037389

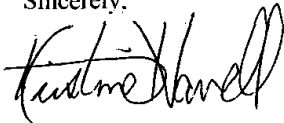
Dear Gentlemen:

Please be advised that I received the enclosed Notice of Administrative Dissolution or Revocation Form. I did not receive any prior applications for renewal and was unaware that the renewal was due because we had just incorporated in August 2000.

Please find enclosed a check for the correct renewal amount of \$150.00 and I respectfully request an abatement of the additional sum, based on the above facts.

Thank you in advance for your kind consideration in this matter, I remain

Sincerely,



Kristine Havell