

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 OCT 21 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000096806**

1. Corporation Name

AG-EL INC.

Principal Place of Business

Mailing Address

~~POST OFFICE BOX 617230~~
~~ORLANDO FL 32861~~

~~POST OFFICE BOX 617230~~
~~ORLANDO FL 32861~~



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

~~507 Main St~~

3. New Mailing Office Address, If Applicable

~~← same~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Windermere, FL~~

City & State

~~Windermere, FL~~

Zip

~~34786~~

Country

~~USA~~

Zip

~~34786~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2000

5. FEI Number

59-3675943

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
D/p	ENGEL, ADRIENNE	POST OFFICE BOX 617230 507 Main St.	ORLANDO FL 32861 Windermere, FL 34786

200023968672
10/21/03--01057--008 **750.00

8. Name and Address of Current Registered Agent

~~LAMB, JEFFREY R~~
~~868 108TH AVE N~~
~~NAPLES FL 34108~~

9. Name and Address of New Registered Agent

Name

~~Adrienne Engel~~

Street Address (P.O. Box Number is Not Acceptable)

~~507 Main St~~

Suite, Apt. #, Etc.

City

~~Windermere~~

State

~~FL~~

Zip Code

~~34786~~

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

~~10/15/03~~

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~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

~~10/15/03~~

Daytime Phone #

~~407-876-7772~~

CR2E040 (7/03)