

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000104097

1. Corporation Name

STANLEY, DEHLINGER & RASCHER, P.A.

Principal Place of Business

260 MAITLAND AVE., STE. 1500
ALTAMONTE SPRINGS FL 32701

Mailing Address

260 MAITLAND AVE., STE. 1500
ALTAMONTE SPRINGS FL 32701

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

11/06/2000

5. FEI Number

59-1625357

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	DEHLINGER, CHARLES A	1445 NORTHRIDGE DRIVE	LONGWOOD FL 32750
D	RASCHER, NORBERT	1445 NORTHRIDGE DRIVE	LONGWOOD FL 32750
D	STANLEY, F S JR	1445 NORTHRIDGE DRIVE	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

DEHLINGER, CHARLES A
1445 NORTHRIDGE DRIVE
LONGWOOD FL 32750

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

Charles A. Dehlinger

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:

Charles A. Dehlinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-01

FILED

01 NOV -7 PM 1:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04/30/01 90397 027 \$150.00

CR2E040 (801)

Stanley, Dehlinger & Rascher

Attorneys at Law

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Altamonte Springs, Florida 32701

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11-5-01

Secretary of State
Division of Corporations
Annual Reports
309 E. Gaines Street
Tallahassee, FL 32399

re: Annual Report - Stanley, Dehlinger & Rascher

Dear Sir or Madam:

Enclosed is the reinstatement notice. I have discussed this with your office. Also enclosed is my letter of 7-24-01 in which I gave the Federal ID number to you.

I previously filed the annual report and paid the \$150. for this year. The Federal ID number was lacking at that time and we obtained one and sent it to you.

I discussed the reinstatement with your office on 11-2-01 and they indicated that it would be reinstated without further cost. Please reinstate the corporation without further fees to me. Please call if you have any questions. Thanking you for your kind cooperation, I remain

Sincerely,

Charles A. Dehlinger

CAD/rm
Enclosures