

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106618

1. Corporation Name

COMFORT NOW, INC.

Principal Place of Business

1403 NW 53RD AVENUE
GAINESVILLE FL 32653

Mailing Address

1403 NW 53RD AVENUE
GAINESVILLE FL 32653

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

11/13/2000

5. FEI Number

59-3685013

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SMITH, ERNEST	2505 NW 121 AVENUE	GAINESVILLE FL 32609

300008889633
11/08/02--01069--013 **750.00

8. Name and Address of Current Registered Agent

DANIEL THOMAS A
623 NORTH MAIN STREET
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name Ernest H Smith
Street Address (P.O. Box Number is Not Acceptable)
1403 NW 53 Ave
Suite, Apt. #, Etc.
City Gainesville
State FL Zip Code 32653

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

Ernest H Smith
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-21-2002

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:

Ernest H Smith
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02 3523725333

CR2E040 (8/02)