

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

DOCUMENT # **P01000011691**

1. Corporation Name

DUNLAP & ASSOCIATES GROUP, INC.

Principal Place of Business

**16680 LAKE PICKETT ROAD
ORLANDO FL 32820**

Mailing Address

**16680 LAKE PICKETT ROAD
ORLANDO FL 32820**

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

2. New Principal Office Address, If Applicable

1211 SEMORAN BLVD.

Suite, Apt. #, etc.

SUITE 115

City & State

CASSELBERRY, FL

Zip

32707

Country

U.S.A.

3. New Mailing Office Address, If Applicable

1211 SEMORAN BLVD

Suite, Apt. #, etc.

SUITE 115

City & State

CASSELBERRY, FL

Zip

32707

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**



09/12/02 90092 008 SS

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	DUNLAP, J. CRAIG	16680 LAKE PICKETT ROAD 1211 SEMORAN BLVD. STE 115	ORLANDO FL 32820 CASSELBERRY, FL 32707
D	DUNLAP, SYLVIA	16680 LAKE PICKETT ROAD 1211 SEMORAN BLVD STE 115	ORLANDO FL 32820 CASSELBERRY, FL 32707

024182178

8. Name and Address of Current Registered Agent

**DUNLAP, J. CRAIG
16680 LAKE PICKETT ROAD
ORLANDO FL 32820**

9. Name and Address of New Registered Agent

Name

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

1211 SEMORAN BLVD

Suite, Apt. #, Etc.

SUITE 115

City

CASSELBERRY

State

FL

Zip Code

32707

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 **10/28/02**

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR2E040 (8/02)

Payroll

Dunlap & Associates, Inc.

Financial Consultants

October 29, 2002

DIVISION OF CORPORATIONS

Reinstatement Section

P.O. Box 6327

Tallahassee, FL 32314-6327

Re: Document # P01000011691 – Dunlap & Associates Group, Inc.
Document # P95000043814 – Dunlap & Associates, Inc.


To Whom It May Concern:

On September 11, 2002, a For Profit Corporation Uniform Business Report (UBR) was forwarded to the Division of Corporations along with check #2503 in the amount of \$550.00 for the fee associated with Dunlap & Associates Group, Inc. It was inadvertently posted to the Dunlap & Associates, Inc. account.

At this time, we would request that the \$550.00 be applied to the correct account which is Dunlap & Associates Group, Inc. and that the \$150.00 penalty fee be waived.

If you require further information or have any questions, please do not hesitate to call me at (407) 678-0977. Thanking you in advance for your assistance in this matter.

Sincerely,


Sylvia Seaton-Dunlap
Senior Vice President

SSD/sjm
Enclosure