

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 17 AM 10:54

DOCUMENT # P01000013654

1. Corporation Name

FLORIDIANS FOR COMMONSENSE SOLUTIONS, INC.

Principal Place of Business

106 E COLLEGE AVE. STE 1200  
TALLAHASSEE FL 32301

Mailing Address

106 E COLLEGE AVE. STE 1200  
TALLAHASSEE FL 32301

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

2. New Principal Office Address, If Applicable

200 W. College Avenue  
Suite, Apt. #, etc. Suite 308

3. New Mailing Office Address, If Applicable

200 W. College Avenue  
Suite, Apt. #, etc. Suite 308

City & State Tallahassee, FL

City & State Tallahassee, FL

Zip 32301 Country USA

Zip 32301 Country USA

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

02/06/2001

5. FEI Number

59-3700097

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

WEHRUNG, JOHN T

125 CADIZ ST

same as above

TALLAHASSEE FL 32301

8000009560888

12/17/02--01001--011 \*\*750.00

8. Name and Address of Current Registered Agent

LOVETT, JOHN C  
106 E COLLEGE AVE, STE 1200  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Corporate Services, Inc.

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

537 E. Park Avenue

Suite, Apt. #, Etc.

n/a

City

Tallahassee

State

FL

Zip Code

32301

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 10-29-02

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 21, 02

Date

Daytime Phone #

CR2E040 (8/02)