

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 MAR 25 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000006047

1. Corporation Name

ENGELHART INVESTMENTS, INC.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

429 E ALPINE ST
ALTAMONTE SPRINGS FL 32701

429 E ALPINE ST
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

3. New Mailing Office Address, If Applicable

227 N. Magnolia Ave

227 N. Magnolia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Orlando

Orlando, FL

Zip

Zip

FL 32801

32801

Country
USA

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/2002

5. FEI Number

01-052-848

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	ENGELHART, KIM	429 E ALPINE ST	ALTAMONTE SPRINGS FL 32701

500024806505
11/18/03--01057--006 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAM N. ASMA, P.A.

884 SOUTH DILLARD STREET

WINTER GARDEN FL 34787

Name

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

884 South Dillard Street

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. or 617.0505, F.S.

Signature of
Registered Agent

Date 03/19/04

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4078393789

Daytime Phone #

CR2E040 (7/03)