

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

03 OCT 17 PM 12:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000092133

1. Corporation Name

IDS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

~~213 PRINCE CHARLES LN
WINTER PARK FL 32792~~

~~213 PRINCE CHARLES LN
WINTER PARK FL 32792~~



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

147 Shady Oak Lane

147 Shady Oak Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oviedo, FL

Oviedo, FL

Zip

Country

32765

Seminole

Zip

Country

32765

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2002

5. FEI Number

56-2287252

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
PD	IZZO, MATHEW O	213 PRINCE CHARLES LN	WINTER PARK FL 32792
		147 Shady Oak Lane	Oviedo, FL 32765

800023908568
10/17/03 01062 023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IZZO, MATHEW O
213 PRINCE CHARLES LN
WINTER PARK FL 32792

Name

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

147 Shady Oak Lane

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

Matthew O Izzo SIGNATURE REQUIRED

Date

10/10/03

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:

Matthew O Izzo SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

321-231-6146

Daytime Phone #

CR2E040 (7/03)

10-10-03

FL DEPARTMENT OF STATE,

I Matthew IZZO OF IDS OF
Central Florida, Inc. DID NOT Receive
any USB NOTICE For 2003

Matthew IZZO

Matthew IZZO