

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000134207**

1. Corporation Name

SENIORS WORLD NET WORK INC.

Principal Place of Business

Mailing Address

582 10TH PL
VERO BCH FL 32960

582 10TH PL
VERO BCH FL 32960

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/2002

5. FEI Number

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
T	EULENFELD, TRISH	582 10TH PL	VERO BCH FL 32960
P	EULENFELD, LARRY E	582 10TH PL	VERO BCH FL 32960

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EULENFELD, LARRY E
582 10TH PL
VERO BCH FL 32960

Name

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

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

REGISTERED AGENT MUST SIGN

Date

OCT 15, 2003

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

Daytime Phone #

10-15-03 385-505-5264

Hello

I recieved a dissolution notice in the mail concerning the senior world network. The statement said thay you did not recieve my corrected UBR.

I corrected the form on block 4 as "applied for" and sent it back to you at the address listed on the form. In fact I believe I sent it to you Prioity mail.

I will fill out the the new form as requested.

Thank you

Larry Eulenfeld

☺ **Baby Boomer or Senior Citizen? Sign up for a free vacation.** www.seniorsworldnetwork.us ☺