

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC -4 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P13988

1. Corporation Name

MICA FLO I, INC.

Principal Place of Business

Mailing Address

250 S. AUSTRALIAN AVE.  
9th FLOOR  
W. PALM BEACH, FL 33401

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

4. Date Incorporated or Qualified  
To Do Business in Florida

4/10/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

33-0220041

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JOSEPH A. PAUL	250 S. AUSTRALIAN AVE, 9th FL	W. PALM BEACH, FL 33401
V	WAYNE MOOR	250 S. AUSTRALIAN AVE, 9th FL	W. PALM BEACH, FL 33401
S	FRANCIS J. HADJONS, JR	250 S. AUSTRALIAN AVE, 9th FL	W. PALM BEACH, FL 33401
C	LE RICHEY	250 S. AUSTRALIAN AVE, 9th FL	W. PALM BEACH, FL 33401
V	LEN PLATT	250 S. AUSTRALIAN AVE, 9th FL	W. PALM BEACH, FL 33401

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

9. Name and Address of New Registered Agent

REINSTATEMENT

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

Suite, Apt. #, Etc.

City

600002706536-0

-12/09/98-01983-048

\*\*\*\*750 FD \*\*\*\*750.00

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.

Signature of  
Registered Agent

Laura R. Dury

REGISTERED AGENT MUST SIGN

Date

12-4-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

WAYNE MOOR

Date

12/3/98

Daytime Phone #

561/832-1766

CR2E040 (12/95)