

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

1996 DEC 23 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008576**

1. Corporation Name

IDENTIFICATION PLUS, INC.

Principal Place of Business

Mailing Address

347 NE 5TH AVENUE
DELRAY BEACH FL 33483

347 NE 5TH AVENUE
DELRAY BEACH FL 33483



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 11/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0379573	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
VP	CLEVELAND, CRYSTAL	1627 NORTH SWINTON AVENUE	DELRAY BEACH FL
P	CLEVELAND, DONALD T.	1627 NORTH SWINTON AVENUE	DELRAY BEACH FL
TR	CLEVELAND, CASEY	1627 NORTH SWINTON AVENUE	DELRAY BEACH FL
S	CLEVELAND, BECKY	1627 NORTH SWINTON AVENUE	DELRAY BEACH FL

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-12/26/96-01/05/97
\$8.75-Additional Fee Required for a Certificate of Status

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CLEVELAND, DONALD L. 1627 NORTH SWINTON AVENUE DELRAY BEACH FL 33444		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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.

Signature of Registered Agent: Donald T. Cleveland **REQUIRED** Date: 12-19-96

REGISTERED AGENT MUST SIGN

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: Donald T. Cleveland **REQUIRED** Date: 12-7-96 Daytime Phone #: 561-2433504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (7/96)