

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 30 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000 000 222

1. Corporation Name

Handlin & Hefferan, PA

2. Principal Office Address - No P.O. Box #

112 N Summerlin Ave

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32801

Country

Orange

3. Mailing Office Address

112 N Summerlin Ave

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32801

Country

Orange

REINSTATEMENT 06-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1992

5. FEI Number

593164231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles L. Handlin, III

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

112 N. Summerlin Ave

Suite, Apt. #, Etc.

City

Orlando Florida

State

FL

Zip Code

32801

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/25/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pd	Charles L. Handlin III	112 N Summerlin Ave,	Orlando FL 32801
VPd	John R. Hefferan, Jr.	112 N. Summerlin Ave	Orlando FL 32801

300147976143
03/30/09--01045--015 **1200.00

10. 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 contained in Chapter 119, 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

3/25/09 407
648 4595