

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra M. Ham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAR 28 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 993000007729

1. Corporation Name

The models Group, Inc.

Principal Place of Business

Mailing Address

102 Park Street  
Safety Harbor, FL  
34695

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1993

5. FEI Number

65-0386556

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Pamela Osler	102 Park St. Safety Harbor, FL	34695
V.P.	Suzan Speer	4601 Franklin Rd. Nashville, TN	37220

400002127764--1

-03/28/97--01138--013

\*\*\*\*565.00 \*\*\*\*565.00

8. Name and Address of Current Registered Agent

Pamela Osler  
102 Park St.  
Safety Harbor, FL  
34695

9. Name and Address of New Registered Agent

Name ← Same  
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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3-18-97

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

Pamela L. Osler 3-18-97 (813)

Date

Daytime Phone #

AD 3/28/97

669-6120

CR2000 (12/96)

2/2

# THE MODEL'S GROUP

Tuesday, March 18, 1997

Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL

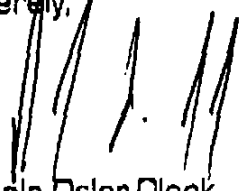
Re: The Model's Group, Inc. Reinstatement

This is a reminder, as per our phone conversation on February 18, 1997, that the Model's Group renewal notices were sent to an invalid address.

Reinstatement charges will not be applicable to this company as stated by a representative from your office. However, renewal charges are enclosed.

Thank you for your attention to this matter.

Sincerely,



Pamela Osler-Oleck  
President