

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

FILED

97 AUG 27 AM 11:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 93000038689 (4)

1. Corporation Name  
 Worthington & Worthington Business Developers, Inc.

W97000019943

Principal Place of Business  
 SRD, N, 315  
 Interlachen, Fl.  
 32148

Mailing Address  
 SRD N, 315  
 Interlachen Fl.  
 32148

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

2. New Principal Office Address, If Applicable SRD, N 315 Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 5/25/93	
City & State Interlachen FL		City & State		5. FEI Number 59-3172680	
Zip 32148	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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) 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
D/P/C	Worthington Johnnie C.	SRD, N 315	Interlachen, FL. 32148
D/V/M	Juan Martinez	SRD, N 315	Interlachen, FL. 32148
D/V/S	Juan C. Vazquez	101 64 TH ST.	Interlachen, FL. 32148
T	Cavinton Lisa S.	SRN 315	Interlachen, FL. 32148

8. Name and Address of Current Registered Agent

Worthington Johnnie C.  
 SRD, N 315  
 Interlachen, Fl. 32148

9. Name and Address of New Registered Agent

Name  
 3000002280423--8

Street Address (P.O. Box Number is Not Acceptable)  
 00/28/97-01124-016

Suite, Apt. #, Etc.  
 \*\*\*\*390.00 \*\*\*\*390.00

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  
 Johnnie C. Worthington  
 REGISTERED AGENT MUST SIGN

Date 8-25-97

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: Johnnie C. Worthington  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-97  
 Date

804  
 684-4346  
 Daytime Phone #

CR2E040 (12/96)