## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P93000061331

CANDY SIMS & ASSOCIATES, INC.

FILED

97 APR 24 AM 8: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Malling Address					S					
3075 W. OAKLAND PK. BLVD.			3075 W. O	3075 W. OAKLAND PK. BLVD.						
SUITE #105				SUITE #105			i idakun	NO IDIOO BIIX <b>bo</b> ik <b>qo</b> kk boik doir q		
FT. LAUDERDALE FL 33311 FT. L			FT. LAUDE	AUDERDALE FL 33311					_	
If above	addresses are	incorrect in any way, lir	ne through incorrect	information ar	nd enter o	correction below.	REINS	TATEMEN	<b>-</b> ala-a-	
					ing Office Address, If Applicable			orated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #				. etc.		To Do Busii	ness in Florida Q	3/27/1993		
						5. FEI Numbe		Applied For		
City & State C			City & State	City & State				65-0437877	Not Applicable	
Zip	Zip Country		Zip	Zip Cour		, <u> </u>	6. CERTIFICATE OF STATUS DESIRED   58.75 Additional Fee required for a Certificate of Status			
7. Name	es and Street Ad	dresses of Each Officer	and/or Director (Fi	lorida nonprof	it corpora	tions must list at lea	ast 3 directors)			
Name of Officers Title(s) and/or Directors					Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			h r City / State / Zip		
_1	2							4		
D	SIMS, FA	SIMS, FANNIE			3075 W. OAKLAND PK. BLVD.			105 FT. LAUDERDALE FL 33311		
							ennn21529960			
					6000021579960 -04/29/9701051016 ****923.75 ****923.75					
							26	425-17		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
2000 540005						Name				
SIMS, FANNIE 3075 W. OAKLNAD PK. BLVD.					Street Address (P			P.O. Box Number is Not Acceptable)		
SUITE 3105					Suile, Apt. #, Etc		·			
FORT LAUDERDALE FL 33311										
TOTAL ENOBERDAGE I E 00011						City		State FL	Zip Code	
10. i, be	ing appointed th	ne registered agent of th	e above named corp	poration, am f	amiliar w	ith and accept the o	bligations of Sect			
Signatur	e of	Tomille	Seni		1 1	his site		Date 4-22-1	7	
Register	ed Agent	1 00000	REGISTERED A	GENT MUST	SIGN	3 16 AC 17 Telegraph All	<del></del>	Date		
11. [	Does this Dept. of R	corporation pa	ay any intan S. 199.032	gible tax , Florida	to the State	ie utes. Yes	X No □	(See other sid on Inter	ie for information ngible tax.)	
12. I cer this r	tily that I am an einstatement ap I by the corpora	officer or director or the	receiver or trustee of dissolution has been the names of indiv	empowered to en eliminated, riduals listed o	execute the corpo	this application as porate name satisfies m do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I further s of section 607.0401 or 617.0 ider section 119.07(3)(i), F.S.	401, F.S., that all fees	

Tangel Line

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #

0055906