

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 930000 63399

1. Corporation Name

FIFOR, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

FIFOR, INC.  
Suite, Apt. #, etc.  
15 GLENDALE DR.  
City & State  
KISSIMMEE, FL  
Zip  
34744

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

9-10-93

5. FEI Number

59-3214887

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	BRUCE R. VAN METER	15 GLENDALE DR.	KISSIMMEE, FL. 34744
SEC/TR	THOMAS E. CHALIFOUX, JR.	1254 S. BERMUDA AVE	KISSIMMEE, FL. 34741

8. Name and Address of Current Registered Agent

BRUCE R. VAN METER  
1206 N. BERMUDA AVE  
KISSIMMEE, FL. 34741

9. Name and Address of New Registered Agent

Name  
BRUCE R. VAN METER  
Street Address (P.O. Box Number is Not Acceptable)  
15 GLENDALE DR.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

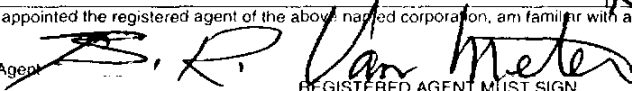
FL

Zip Code

34744

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

7-19-99

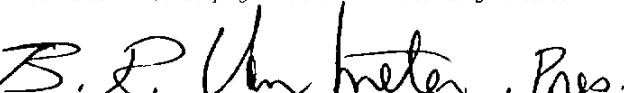
11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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  
B. R. VAN METER, PRES.

7-19-99  
Date

407-831-5226  
Daytime Phone #

CR2E081 (12/98)