

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 13 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071043**

1. Corporation Name

DAVID GOWER INFRARED OF FLORIDA & GEORGIA, INC.

Principal Place of Business

3665 WOOD DUCK DRIVE
MIMS FL 32754

Mailing Address

3665 WOOD DUCK DRIVE
MIMS FL 32754

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1993

5. FEI Number

59-3205779

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
PDST	FORNEAR, JOHN L	3665 WOOD DUCK DRIVE	MIMS FL
DS	FORNEAR, DIANNE	3665 WOOD DUCK DRIVE	MIMS FL

000002033320--9
-12/19/96--01015--022
****375.00 ****375.00

JB12-10-96

8. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J SPIEGEL CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Dianne Fornear
Street Address (P.O. Box Number is Not Acceptable)
3665 Wood Duck Dr
Suite, Apt. #, Etc.
City Mims State FL Zip Code 32754

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

Dianne Fornear REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/29/96

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: Dianne Fornear Dianne FORNEAR 11/25/96 407 2699888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #