

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

98 MAY 14 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082759 (0)

1. Corporation Name

Post Road Florida, 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

Post Road Florida, Inc.

Suite, Apt. #, etc.
c/o AFI, 2150 Post Rd.

City & State
Fairfield, CT

Zip 06430 Country USA

3. New Mailing Office Address, If Applicable

Post Road Florida, Inc.

Suite, Apt. #, etc.
c/o AFI, 2150 Post Rd.

City & State
Fairfield, CT

Zip 06430 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/23/1993

5. FEI Number
59-3225803

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	Anthony F. Izzo	2150 Post Road	Fairfield, CT 06430
V/S	Karen Izzo	2150 Post Road	Fairfield, CT 06430

REINSTATEMENT 96-98

TS. 5/18

8000002531183-5
-05/21/98-01008-022
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Anthony F. Izzo
Street Address (P.O. Box Number is Not Acceptable)
528 Thames Circle
Suite, Apt. #, Etc.

City
Longwood

State
FL Zip Code
32750

10. I, being appointed _____, as registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Anthony F. Izzo

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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)(b), 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 DIP

Anthony F. Izzo

Date

203-256-5993

Daytime Phone #

CR2E040 (1/98)