

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 94-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 AUG 18 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084385

1. Corporation Name

DEVERE SECURITIES INC

Principal Place of Business

Mailing Address

705 ASHFORD OAKS DRIVE #203.
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

705 ASHFORD OAKS DRIVE

Suite, Apt. #, etc.

#203

City & State

ALTAMONTE SPRINGS

Zip

32714

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 9th 1993

5. FEI Number

59 3215870

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.	JOHN DUNNE	705 ASHFORD OAKS DR #203	ALTAMONTE SPRINGS FL 32714

100002272301-8
-08/20/97--01069--005
***1253.75 ***1253.75

REINSTATEMENT

94-97

A. Alan
8/18/97

8. Name and Address of Current Registered Agent

BRIAN COURTNEY
CORPORATE AGENTS INC
1201 HAYES ST
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name KAROLYN J. DUNNE

Street Address (P.O. Box Number is Not Acceptable)

705 ASHFORD OAKS DRIVE

Suite, Apt. #, Etc.

#203

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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

Karolyn J. Dunne

REGISTERED AGENT MUST SIGN

Date

Aug 11th '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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Aug 11th '97 (407)
682-2474

Daytime Phone #