

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 # 993000087665

1. Corporation Name

Executive Enterprises, Inc.

Principal Place of Business

Mailing Address

961 S.W. 69th Ave
Plantation, FL.

961 SW 69th Ave
Plantation, FL.

33317

33317

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

2. New Principal Office Address, If Applicable

3810 Vine Lane

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3810 Vine Lane

Suite, Apt. #, etc.

City & State

Mt. Dora, FL.

City & State

Mt. Dora, FL.

Zip

32757-4554

Country

USA

Zip

32757-4554

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/01/94

5. FEI Number

650458067

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
<u>V/S</u>	<u>Robert Tedesco</u>	<u>3810 Vine Lane</u>	<u>Mt. Dora, FL 32757</u>
<u>P/T</u>	<u>Lynn Loretto-Tedesco</u>	<u>3810 Vine Lane</u>	<u>Mt. Dora, FL 32757</u>
			<u>200002321212--7</u>
			<u>-10/15/97--01087--027</u>
			<u>****923.75 ****923.75</u>
			<u>10-10-97</u>

8. Name and Address of Current Registered Agent

Robert Tedesco

3810 Vine Lane

Mt Dora, FL. 32757-4554

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 October 6, 1997

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

Lynn Loretto-Tedesco

Oct. 06, 1997

Date

352-735-4216

Daytime Phone #

CR2000 (12/96)