PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ACCEPTED AND FILED
96 DEC 26 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012075**

1 Corporation Name
ALAN STATON CO., INC.

Principal Place of Business	Mailing Address
3310 N WESTMORELAND DR ORLANDO FL 32804	3310 N WESTMORELAND DR ORLANDO FL 32804

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **02/14/1994**

5. FEI Number: **59-1299741** ☐ 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
PTD	WILKINS, BERNARD D.	3310 N. WESTMORELAND DRIVE	ORLANDO FL
VSD	WILKINS, GRACE C.	3310 N WESTMORELAND DRIVE	ORLANDO FL
VD	WILKINS, ALAN S.	11200 OSWALT ROAD	CLERMONT FL

900002046409--6
-01/06/97--01017--021
****375.00 ****375.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

WILKINS, BERNARD D
3310 N WESTMORELAND DR
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name: A. Alan
Street Address (P.O. Box Number is Not Acceptable): 12/26/96
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (7/96)

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: Bernard D Wilkins SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 12-21-96

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: Bernard D Wilkins SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12-21-96
Daytime Phone #: (407) 425-0481

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