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 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015649

1. Corporation Name
THE HERRICK GROUP PHASE TWO, INC.

Principal Place of Business	Mailing Address
1118 SHAFFER TRAIL OVIEDO FL 32765	1118 SHAFFER TRAIL OVIEDO FL 32765

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

REINSTATEMENT 9h
59-3231245

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 320 N. CENTRAL AVE	Suite, Apt. #, etc.: 320 N. CENTRAL AVE
City & State: OVIEDO, FL	City & State: OVIEDO, FL
Zip: 32765 Country: U.S.	Zip: 32765 Country: U.S.

4. Date Incorporated or Qualified To Do Business In Florida: 02/25/1994

5. FEI Number: APPLIED FOR 59-3231245 ☐ 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
D	HERRICK, JOHN W	1118 SHAFFER TRAIL	OVIEDO FL 32765
			300002030203--7 12/17/96--01040--021 ****375.00 ****375.00
			JH 12-13-96

8. Name and Address of Current Registered Agent

HERRICK, JOHN W
447 S. SEMORAN BLVD.
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name: JOHN W. HERRICK
Street Address (P.O. Box Number is Not Acceptable): 320 N. CENTRAL AVE
Suite, Apt. #, Etc.:
City: OVIEDO State: FL Zip Code: 32765

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: JOHN W. HERRICK SIGNATURE REQUIRED Date: 11-8-96
REGISTERED AGENT MUST SIGN

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: JOHN W. HERRICK 11-8-96 407-366-2855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

0011877 AP