

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 AM 9:06

DOCUMENT # P94000022924

1. Corporation Name

PAULHAMUS, INC.

Principal Place of Business

1950 N COUNTRY RD  
EUSTIS FL 32726

Mailing Address

1950 N COUNTRY RD  
EUSTIS FL 32726



REINSTATEMENT 00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/21/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3251806	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
D	PAULHAMUS, FRANK	1950 N COUNTRY RD	EUSTIS FL 32726
D	PAULHAMUS, BEATRICE	1950 N COUNTRY RD	EUSTIS FL 32726

800003481848--6  
-11/30/00--01095--007  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

PAULHAMUS, FRANK  
1950 N COUNTRY RD  
EUSTIS FL 32726

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

Frank Paulhamus  
REGISTERED AGENT MUST SIGN

Date 10/31/00

11. 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 617.0402, 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FRANK PAULHAMUS

10/31/00 352-357-6289  
Date Daytime Phone #