

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED**

**APPLICATION
FOR
REINSTATEMENT**



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

**AND
FILED**

97 NOV -6 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033770**

1. Corporation Name **Rodriguez, Waite and Associates, Inc.**

Principal Place of Business Mailing Address
**1110 CRANE BLVD
Summerland Key FL 33042**

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

2. New Principal Office Address, If Applicable

SAA

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, If Applicable

SAA

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

99

4. Date Incorporated or Qualified To Do Business in Florida
5-04-94

5. FEI Number

65-0489205

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
VP-D	GWEN AUSTIN WAITE	1110 CRANE BLVD	Summerland Key FL 33042
P-D	BRUCE C WAITE	1110 CRANE BLVD	Summerland Key FL 33042

700002341937-0
-11/07/97--01095-096

****758.75 ****758.75

8/11/6

8. Name and Address of Current Registered Agent

**Dr. Bruce Waite
1110 CRANE BLVD.
Summerland Key FL 33042**

9. Name and Address of New Registered Agent

Name

N/A

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-1-97**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-97

Date

305-292-6762

Daytime Phone #

CR2040 (12/95)