

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED  
AND  
FILED

1997 FEB -4 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 94000041373

1. Corporation Name

Authorization Services Inc.

Principal Place of Business

Mailing Address

14001 63<sup>RD</sup> Way  
Clw Fl 34620

14001 63<sup>RD</sup> Way  
Clw Fl 34620

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

2. New Principal Office Address, If Applicable

16088 U.S. Highway 19 N  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16088 U.S. Highway 19 N  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

June 2, 1994

5. FEI Number

593301488

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
P	Curtis A. Pope	919 S. Rome Ave #10	Tampa Fl 33606
S	Elizabeth A. Stacy	622 Lemonwood Dr	Oldsmar Fl 34677
			800002080138--9 -02/06/97--01052--005 ***1080.00 ***1080.00
			800002080138--9 -02/06/97--01052--006 *****751080.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

Victoria Sortino  
14001 63<sup>RD</sup> Way  
Clw Fl 34620

9. Name and Address of New Registered Agent

Name: Curtis A. Pope  
Street Address (P.O. Box Number is Not Acceptable): 919 S. Rome Ave  
Suite, Apt. #, Etc.: #10  
City: Tampa  
State: FL Zip Code: 33606

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. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (12/96)