

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

1996 OCT 28 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050206**

1. Corporation Name

MANAGEMENT TECHNIQUES INC.

Principal Place of Business

1115 ROYAL PALM DR.
DELRAY BEACH FL 33444

Mailing Address

1115 ROYAL PALM DR.
DELRAY BEACH FL 33444

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

07/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0501815

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	HUTTON, CHARLES T.	320 S. 5TH ST.	TALLAHASSEE FL 32302
P	WILLIAMS, MELINDA A	415 N.E. 15TH TERR.	BOCA RATON FL 33432

400001997464--7
-11/06/96-01032-020
***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

WILLIAMS, MELINDA A
415 N.E. 15TH TERR.
BOCA RATON FL 33432

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

Melinda A. Williams
REGISTERED AGENT MUST SIGN

Date

9/26/96

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:

Melinda A. Williams
President

Date

9/26/96

Daytime Phone #

(561)
276-2552