

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

00 NOV 17 AM 10:20

DOCUMENT # **P94000062311**

1. Corporation Name

FLASH-WORKS, INC.

Principal Place of Business

1407 MINK DR
APOPKA FL 32703
US

Mailing Address

1407 MINK DR
APOPKA FL 32703
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1994

5. FEI Number

59-3259427

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 3	City / State / Zip 4
D	CASTIGLIONE, MICHAEL J	1407 MINK DRIVE	APOPKA FL 32703
D	CASTIGLIONE, DIANE E	1407 MINK DRIVE	APOPKA FL 32703

200003487772--8
-12/05/00--01072--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CASTIGLIONE, DIANE E
1407 MINK DRIVE
APOPKA FL 32703

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

Diane Castiglione
SIGNATURE REQUIRED

Date 11-15-00

REGISTERED AGENT MUST SIGN

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 617.0401, 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.

DIANE E. CASTIGLIONE

SIGNATURE:

Diane E. Castiglione
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-00 407-886-4401

Date

Daytime Phone #

CR2E040 (8/00)