

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000067778

1. Corporation Name

CONIFER ASSOCIATES, INC.

Principal Place of Business

2064 MACADAMIA STREET  
ST. JAMES CITY FL 33956  
US

Mailing Address

POST OFFICE BOX 709  
ST. JAMES CITY FL 33956

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

09/12/1994

Suite, Apt. #, etc.

5400 Pine Island Rd Suite B  
Bokelia FL

Suite, Apt. #, etc.

Po Box 220  
Loeedsport, N.Y.

Zip City & State  
33922 US

Zip City & State  
13166 US

5. FEI Number

65-0521500

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	4 City / State / Zip
D	ESTELLE, C.F.	2064 MACADAMIA STREET, BOX #709	ST. JAMES CITY FL 33956
D	ESTELLE, ELEANOR	2064 MACADAMIA STREET, BOX #709	ST. JAMES CITY FL 33956
P	Estelle, Scott T.	5400 Pine Island Rd, Suite B	Bokelia, FL 33922
VP	Estelle, Craig F.	Po Box 181, S. Montrose	PA 18843
			800003472438--7 -11/21/00--01033--023 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

ESTELLE, CF BOX 709  
2261 MACADAMIA STREET  
ST. JAMES CITY FL 33956

9. Name and Address of New Registered Agent

Name Scott T. Estelle  
Street Address (P.O. Box Number is Not Acceptable)  
5400 Pine Island Rd  
Suite, Apt. # Etc. Suite B  
City Bokelia State FL Zip Code 33922

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

*Scott T. Estelle*

REGISTERED AGENT MUST SIGN

Date 10/15/00

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 617.0401, 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:

*Scott T. Estelle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/00

Date

Daytime Phone #

KE

FILED  
00 OCT 30 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT



CR2E040 (8/00)