

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -5 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P940000 75783**

1. Corporation Name

Florida Owner/Operator's Association, Inc.

2. Principal Office Address

2755A Power Mill Ct.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

2755A Power Mill Ct.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/12/94

5. FEI Number

65-0525288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Foelgner, Ronz & Straw, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1301 - 66 Street North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

C. Straw

Date

10/1/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Blake Casper	2755A Power Mill Ct.	Tallahassee, FL 32301
T	Claudia Straw	1301 66 St. N.	St. Pete., FL 33710

10. 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:

C. Straw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/01

Daytime Phone #

CR2E081 (9/00)