

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P94000078506**

1. Corporation Name

**RELIABLE FINANCIAL SERVICES OF TARPON SPRINGS,  
INC.**

Principal Place of Business

**40347 US 19 N., STE. 136  
TARPON SPRINGS FL 34689**

Mailing Address

**3681 GREEN ROAD  
STE. 402  
BEACHWOOD OH 44122**

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

**10/24/1994**

5. FEI Number

**34-1774342**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	KLINE, STANLEY	3681 GREEN ROAD, #402	BEACHWOOD OH 44122
VT	LONDON, STUART	3681 GREEN ROAD, #402	BEACHWOOD OH 44122
S	RAUCKHORST, JOHN	6195 SEASIDE DR.	NEW PORT RICHEY FL 34652

**900002356609--5  
-11/25/97--01044--009  
\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

**RAUCKHORST, JOHN  
6195 SEASIDE DR.  
NEW PORT RICHEY FL 34552**

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

*John Rauckhorst*  
REGISTERED AGENT MUST SIGN

Date

**11/15/97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stuart Gordon*  
**STUART GORDON**

Date

**11-15-97**

Daytime Phone #

**(216) 591-718**

CR2EDM (8/97)