

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**P94000079698**

**FILED**

97 JAN 31 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICANT  
FOR  
REINSTATEMENT  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000079698**

1. Corporation Name  
**DONAHUE, PALMANO, INNOVATIVE, CORP.**

Principal Place of Business Mailing Address  
**130 S. ORANGE AVE. ORLANDO, FL. 32801**  
**REINSTATEMENT 1996-97**

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

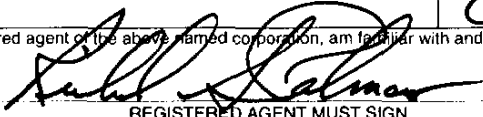
2. New Principal Office Address, if Applicable <b>2105 PARK AVE. NORTH</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>WINTER PARK FL.</b> Zip <b>32789</b> Country <b>U.S.A.</b>		3. New Mailing Office Address, if Applicable <b>2105 PARK AVE. NORTH</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>WINTER PARK FL.</b> Zip <b>32789</b> Country <b>U.S.A.</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>10</b>	
5. FEI Number <b>59-3285456</b>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 CEO Owner	2 <b>RICHARD S. PALMANO</b>	3 <b>2105 PARK AVE. NORTH Ste 300</b>	4 <b>WINTER PARK, FL 32789</b>

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-02/18/97--01058--001  
\*\*\*\*540.00 \*\*\*\*531.25  
540.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>RICHARD S. PALMANO</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>6505 FAIRWAY HILL CT.</b>	
		Suite, Apt. #, Etc. <b> </b>	
		City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32835</b>	

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  Date **1-28-97**

REGISTERED AGENT MUST SIGN

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:  **1-28-97** **407-644-4944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)