

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN -2 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080659

1. Corporation Name

WILLIAM MAGENHEIMER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

431 MANOR BLVD
PALM HARBOR FL 34683

431 MANOR BLVD
PALM HARBOR FL 34683



REINSTATEMENT *one*

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

2. New Principal Office Address, if Applicable
Not Applicable

3. New Mailing Office Address, if Applicable
Not Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3276724

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
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
D	MAGENHEIMER, WILLIAM	431 MANOR BLVD	PALM HARBOR FL 34683
D	MAGENHEIMER, KAREN	431 MANOR BLVD	PALM HARBOR FL 34683
			000002050130--0 -01/08/97--01038--004 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRIS, MICHAEL E
114 S PINELLAS AVE
TARPON SPRINGS FL 34688

Name

William Magenheimer

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

431 Manor Boulevard

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

William Magenheimer
REGISTERED AGENT MUST SIGN

Date

12/24/96

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: X

William Magenheimer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/96
Date

813-934 0908
Daytime Phone #

CFR2E040 (7/95)