

**APPLICATION  
FOR  
REINSTATEMENT**



FILED

92 AUG 11 AM 7:46  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**1. Corporation Name**

Principal Place of Business

Mailing Address

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

**REINSTATEMENT 98-99W**

1/11/95

Applied For

Not Applicable

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	John Donovan	5082 Hanging Moss Lane	Sarasota, Florida 34238
D	Christopher Lloyd	Theodore Goddard Jersey, P.O. Box 344, Osprey	St. Helier Jersey JE4 8UZ Channel Islands, UK
		House 5 Old Street	
			500002969835--9 -08/25/99--01073--007 ****900.00 ****900.00

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
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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

REGISTERED AGENT MUST SIGN

Date Mar 5, 1988

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

Date 11/11/91 Daytime Phone # 312-231-1111

(941) 922-3211