

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 # P95000003830

1. Corporation Name

812 COCOA BLVD., INC.

Principal Place of Business

812 COCOA BLVD.
COCOA FL 32922

Mailing Address

812 COCOA BLVD.
COCOA FL 32922

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

01/13/1995

5. FEI Number

59-3288521

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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

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
D/VP/ S/T	Glenn Rose	1645 Dunlawton Ave., #1124	Port Orange, FL 32127

REINSTATEMENT

8. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name
Lawrence G. Walters
Street Address (P.O. Box Number is Not Acceptable)
444 Seabreeze Blvd.
Suite, Apt. #, Etc.
Suite 800
City
Daytona Beach State **FL** Zip Code **32118**

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 **10-29-96**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/96
Date

407-639-2952
Daytime Phone #

DORAN, WALTERS, ROST, SELTER & WOLFE

ATTORNEYS

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

THEODORE E. DORAN
SCOTT E. ROST
MARY F. SELTER
LAWRENCE G. WALTERS
AARON E. WOLFE

FIRST UNION TOWER
444 SEADREEZE BOULEVARD
SUITE 800

DAYTONA BEACH, FLORIDA 32108

PLEASE REPLY TO:
POST OFFICE DRAWER 1840
DAYTONA BEACH, FLORIDA 32108
(904) 253-1111
FAX (904) 253-4880

OF COUNSEL

DAVID E. SLAUGHTER
*MEMBER OF GEORGIA BAR

October 29, 1996

Department of State
Division of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32302-6327

Re: Reinstatement of 812 Cocoa Blvd., Inc.

Dear Correspondent:

Enclosed please find for filing a completed Application for Reinstatement and our firm's check in the amount of Three Hundred Eighty-three Dollars and Seventy-five cents (\$383.75) the amount which is needed to reinstate the above-referenced corporation.

Should you require any additional information, please contact me.

Sincerely,


Lawrence G. Walters

LGW/cw

cc: Mr. Glenn Rose