

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF A FLORIDA CORPORATION
 OFFICE OF THE SECRETARY OF STATE
 DIVISION OF CORPORATIONS

P9500009393

FILED

96 NOV 26 PM 1: 52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SH 11/27

DOCUMENT # **P9500009393**

1996

1. Corporation Name

STIRLING COOKE EAST COAST INC.

Principal Place of Business

Mailing Address

**1560 Chestnut Avenue
 Winter Park, Florida 32789**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

100 East Sybella Avenue

4. Date Incorporated or Qualified To Do Business in Florida
February 3, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

5. FEI Number

59-3294324

Applied For

Not Applicable

City & State

City & State

Maitland, Florida

Zip

Country

Zip

32751

Country

U.S.A.

CERTIFICATE OF STATUS DESIRED ☐

\$6 Fee. Additional Fee. See instructions for details.

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
President/ Director	Otha Ray McCartha	1560 Chestnut Avenue	Winter Park, FL 32789
V.P./Sec'y/ Treas./Director	Penelope A. Cooke	1560 Chestnut Avenue	Winter Park, FL 32789
Director	Nicholas Mark Cooke	1560 Chestnut Avenue	Winter Park, FL 32789

**800002017318--S
 -12703796--01022--001
 ****375.00 ****375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Corporation Information Services
 1201 Hayes Street
 Tallahassee, Florida 32301**

Name
FAL CORP.

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

200 Laura Street (Greenleaf Building)

Suite, Apt. #, Etc.

3rd Floor

City

Jacksonville

State

FL

Zip Code

32202-3510

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **November 20, 1996**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Otha Ray McCartha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/96

407-534-0053

Date Daytime Phone #

CR2040 (12/95)