PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

(1)

FILED
97 SEP 19 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036544

1. Corporation Name

Florida Insignia, Inc.

Principal Place of Business	Mailing Address
1515 University Dr. #116 CoraL Springs, FL 33071	1515 University Dr. #116 Coral Springs, FL 33071

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

New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0575704 | Applied For | Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BRICKER: Daniel, S.	1515 University Dr (#116)	Coral Springs, FL 33071

700002898687--4
09/19/97 01115-022
****165.00 ****165.00

4
9-19-97

8. Name and Address of Current Registered Agent

Daniel S. Bricker
1515 University Dr (#116)
Coral Springs, FL 33071

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

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 Daniel S. Bricker 9/16/97

REGISTERED AGENT MUST SIGN

Date 9/16/97

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: Daniel S. Bricker 9/16/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel S. Bricker

9/16/97
Date

Daytime Phone #

Florida Insignia, Inc.

1515 University Drive, Suite 116 • Coral Springs, Florida 33071
(954) 340-4005 • FAX: (954) 752-1806

(2)

September 16, 1997

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: FLORIDA INSIGNIA, INC.
DOCUMENT No. P95000036544

This is to state that FLORIDA INSIGNIA, INC., did not receive any notice of ANNUAL REPORT for and requests that any fees for penalties be waived.

Enclosed is a check in the amount of $165.00, as well as an Application for Reinstatement, for 1997.

Respectfully submitted,

Daniel S. Bricker

DANIEL S. BRICKER,
President