

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

96 NOV -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000044300**

1. Corporation Name

JUNE EIGHTH CORPORATION

Principal Place of Business

**TWO SOUTH ORANGE AVENUE
ORLANDO FL 32801**

Mailing Address

**TWO SOUTH ORANGE AVENUE
ORLANDO FL 32801**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1985

5. FEI Number

59-3348048

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 / P / S / T	NIKITINE, VADIM A	TWO SOUTH ORANGE AVENUE	ORLANDO FL 32801
			600001998316--6
			-11/07/96--01005--016
			****383.75 ****383.75

REINSTATEMENT

1996
J. Allen
10-4-96

8. Name and Address of Current Registered Agent

**TRAWICK, TRACI
108 EAST COLLEGE AVENUE
SUITE 900
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name
STEPHEN W. SNIVELY
Street Address (P.O. Box Number is Not Acceptable)
200 S. ORANGE AVENUE
Suite, Apt. #, Etc.
SUITE 3000
City
ORLANDO
State
FL
Zip Code
32801

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

Stephen W. Snively **SIGNATURE REQUIRED**

Date *10/3/96*

REGISTERED AGENT MUST SIGN

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:

Vadim A. Nikitine **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VADIM A. NIKITINE, President

Date *10/29/96* Daytime Phone # *905-222-9600*