

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

97 NOV 26 PM 3:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000047272

1. Corporation Name

WORKFORCE PROPERTIES CORP.

Principal Place of Business

269 CUSICK RD.
SUITE C-2
ALCOA TN 37701

Mailing Address

2415 SYCAMORE DR.
KNOXVILLE TN 37921

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

2. New Principal Office Address, If Applicable

7777 Glades Road

Suite Apt. #, etc.
Suite 211

City & State
Boca Raton, FL

Zip
33434

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/19/1995

5. FEI Number

62-1609653

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)

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	CHESTNUTT, ELLA B	269 CUSICK RD., SUITE C-2	ALCOA TN 37701
D	BORROUGH, JAYME	269 CUSICK RD., SUITE C-2	ALCOA TN 37701
O/S	Robert Hausman	7777 Glades Rd - Suite 211	Boca Raton, FL 33434
O/P	Lester Gann	2413 Sycamore Drive	Knoxville, TN 37921

8. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 EAST LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002360798-1

-12/02/97-01051-007

***758.75 ***758.75

State Zip Code

FL

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

11-20-97

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.

Workforce Properties Corp.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/97

561-488 4802

CR2040 (8/97)