

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

DOCUMENT # P95000048647

1. Corporation Name

RABITS & ASSOCIATES, INC.

99 JAN -4 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
801 W. STATE ROAD 436 STE 2045 801 W. STATE ROAD 436 STE 2045  
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 481 N. SK H34 Suite, Apt. #, etc. 117		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/20/1995	
City & State Altamonte Springs FL		Suite, Apt. #, etc.		5. FEI Number 59-3325079	
Zip 32714		Country		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
PD	MORRELL, DONALD	801 W. STATE ROAD 436 STE 2045	ALTAMONTE SPRINGS FL 32714
D/P	RABITS, ROBERT	801 W. STATE ROAD 436 STE 2045	ALTAMONTE SPRINGS FL 32714

9000002734669--2  
-01/08/99--01058--025  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRELL, DONALD 801 W. STATE ROAD 436 STE 2045 ALTAMONTE SPRINGS FL 32714		Name Robert S. Rabits Street Address (P.O. Box Number is Not Acceptable) 481 N. SK H34 Suite, Apt. #, Etc. 117 City Altamonte Springs State FL Zip Code 32714	
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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 x	REGISTERED AGENT MUST SIGN	Date 12/31/98
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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)(f), 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:	12/31/98	788-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #