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 DEC 18 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000049756**

1 Corporation Name

FLAGULL, INC.

Principal Place of Business	Mailing Address
4340 SEAGULL DR. NEW PORT RICHEY FL 34652	4340 SEAGULL DR. NEW PORT RICHEY FL 34652

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

REINSTATEMENT 96
To Do Business In Florida 06/23/1995

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3540 Hogan Drive	3540 Hogan Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey,Florida	City & State: New Port Richey,Florida
Zip: 34655 Country: Pasco	Zip: 34655 Country: Pasco

5. FEI Number — XX 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
Pres.	Jim Colvin	3540 Hogan Dr.	New Port Richey,Fl.34655
V-Pres.	Mary Chenault	3540 Hogan Dr.	New Port Richey,Fl.34655
			000002037110--0 -12/24/96--01103--020
			****375.00 ****375.00
			JB12-19-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COLVIN, JIM 4340 SEAGULL DR. NEW PORT RICHEY FL 34652	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

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: Jim Colvin SIGNED — REGISTERED AGENT MUST SIGN — Date 12-16-96

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: Jim Colvin SIGNED Jim Colvin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12/16/1996 — Date — (813)849-2266 — Daytime Phone #

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