

**APPLICATION
FOR
RESTATEMENT**



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

FILED
90 SEP -4 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified To Do Business in Florida 06/27/1995

5. FEI Number 65-0638154

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$675 Additional Fee required for a Certificate of Status

REINSTATEMENT 96-98
B. 9/10

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

1. 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.)

2. 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: _____
Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____