

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

96 SEP 20 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058990

1. Corporation Name

CELCOR ENTERPRISES INC.

Principal Place of Business

59 NE 11 WAY
DEERFIELD BEACH FL 33441

Mailing Address

59 NE 11 WAY
DEERFIELD BEACH FL 33441

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

07/31/1995

5. FEI Number

65-0599245

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.	Robert R Purcell	59 NE 11 th WAY	Deerfield Beach 33441
Treas.	Robert R. Purcell	" " " "	" " "

8. Name and Address of Current Registered Agent

PURCELL, ROBERT
59 NE 11 WAY
DEERFIELD BEACH FL 33441

Name

Street

Suite

City

Dear Sir, 9/18/96
We have no
Record of having
Received an Notice
from The Florida
Dept of State, Pls.
Check your Records
that it was sent
Thank You Celcor
GUT.

10. I, being appointed the registered agent of the above named corporation, am familiar with and

Signature of
Registered Agent

Robert R Purcell
REGISTERED AGENT MUST SIGN

Date Sept 18 1996

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:

Robert R Purcell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/96 9544270049
Date Daytime Phone #