

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 31 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064315**

1 Corporation Name

GEORGE SNYDER'S FREESTYLE, INC.

Principal Place of Business

7512 DR. PHILLIPS BLVD.
SUITE 50-310
ORLANDO FL 32819

Mailing Address

7512 DR. PHILLIPS BLVD.
SUITE 50-310
ORLANDO FL 32819



REINSTATEMENT *aw*

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3415916

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	SNYDER, GEORGE	7512 DR. PHILLIPS BLVD., SUITE 5	ORLANDO FL 32819
VST	EASTMAN, LORRAINE	7512 DR. PHILLIPS BLVD., SUITE 5	ORLANDO FL 32819

900002045989--8

81/03/97 01170 011

***375.00 ***375.00

JB 12-31-96

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of Now Registered Agent

Name *DONALD SCHULTZ*
Street Address (P.O. Box Number is Not Acceptable)
535 Central Ave
Suite, Apt. #, Etc.

City *St. Petersburg*

State
FL

Zip Code
33701

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *11/28/96*

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/96)