

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1997 8:00 am
Secretary of State

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P95000072109**
FLC Management Services, Inc.
8805 Overseas Highway
Suite 9-102
Islamorada, FL 33036

2. Address
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
City and State Zip Code
3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

REINSTATEMENT 96+97
mudg

4. Date Incorporated or Qualified To Do Business in Florida 9/18/95
5. FEI Number 65-0636332
FEI Number Applied For
FEI Number Not Applicable
6. \$8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

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/D	Coats, Luana J.	111 Tequesta Street	Plantation, FL 33070
S/T	Coats, Floyd	111 Tequesta Street	Plantation, FL 33070
			300002073853--7 -01/30/97--01063--010 ****\$15.00 ****\$15.00
	Prepared by: Robert M. Kramer; KRAMER, GREEN, ZUCKERMAN & KAHN, P.A. Bar No. 181940; 4000 Hollywood Blvd., Suite 485 So., Hollywood, FL 33021; phone: (954)966-2112		

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Kahn, Howard N.
4000 Hollywood Blvd., Suite 485 So.
Hollywood, FL 33021

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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

REGISTERED AGENT MUST SIGN

Date 1/28/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Floyd Coats, Secretary

Date 1/28/97

Daytime Phone # (305) 853-0216

Typed or printed name of signing officer or director