

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 5:15

DOCUMENT # P95000094965

1. Corporation Name

EXECUTIVE LIMITED, INC.

Principal Place of Business

2242 SW IMPORT
PORT SAINT LUCIE FL 34953
US

Mailing Address

P O BOX 1529
STUART FL 34995
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1995

5. FEI Number

65-0629183

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 3	City / State / Zip 4
PT	KLIER, KEVIN M	5732 WINDSONG LANE, #317	STUART FL 34997
S	BOMMARITO, JOHN P	2242 SW IMPORT ST	PORT ST LUCIE FL 34953

600003021086--2
-10/21/99--01070--024
****750.00 ****750.00

10/13/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLIER, KEVIN M
5732 WINDSONG LANE, #317
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Kevin Klier

Date

10/13/99

REGISTERED AGENT MUST SIGN

11. 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 807.0401 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

Kevin M. Klier

10/13/99 (561) 286-7670

Date

Daytime Phone #

CR20240 (8/99)