

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P96000007921

1. Corporation Name

PLANE FOLK, INC.

Principal Place of Business

**3417 LAKE BREEZE ROAD
ORLANDO FL 32808**

Mailing Address

**3417 LAKE BREEZE ROAD
ORLANDO FL 32808**

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

01/25/1996

5. FEI Number

59-3383380

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
D	FULLER, MICHAEL B	13152 SHORE DR	WINTER GARDEN FL 34787
D	WILLMAN, JON	5333 MIKADO CT	CAPE CORAL FL 33904
M	Massey, Patricia A.	2910 Briarwood Ln	Titusville, FL 32796

**300002346463--6
-11/13/97--01070--007
****750.00 ****750.00**

11/12

8. Name and Address of Current Registered Agent

**FULLER, MICHAEL B
3417 LAKE BREEZE ROAD
ORLANDO FL 32808**

9. Name and Address of New Registered Agent

Name

Patricia A. Massey

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

2910 Briarwood Ln

Suite, Apt. #, Etc.

City

Titusville

State

Zip Code

FL

32796

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

Patricia A. Massey

REGISTERED AGENT MUST SIGN

Date

10/24/97

11. 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.)

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:

Patricia A. Massey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97

Date

407-291-0071

Daytime Phone #

CP2ED40 (9/97)