PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris SILLNETARY OF STATE VISION OF CORPORATIONS Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT #P96000014014 99 SEP 23 AM 11: 15 ANNI MAE Computerized Embroidery IN Principal Place of Business Mailing Address 717 N.C. St Same 11775 TATEMENT 98-90 Lake Worth Fl.33460 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified
To Do Business in Florida
February 14 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc Suite, Apt. #, etc City & State \$8.75 Additional Fee required Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Intle(s) OWNER Margaret ABeckford Lake Worth Fl 33460 コロナル President **4**00003006554---0 -10/05/99--01113--022 ****900.00 ****900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name CR2E081 (12/98) MargaretABeckforD Street Address (P.O. Box Number is Not Acceptable) 717NC Street Suite, Apt. #, Etc Lake Worth F133460 Zip Code 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 11. This corporation owes the current year (See other side for information on intangible tax.) Yes D No 🔯 Intangible Personal Property Tax due June 30. 12 | Learlify 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. MARGARETABECKFORD