

APPLICATION  
FOR  
REINSTATEMENT



FILED

98 MAY 22 AM 8:04

### 1. Corporation Name

SECOND DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address  
7000 W PALMETTO PARK RD.  
SUITE 400  
BOCA RATON FL 33433

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

03/01/1996

Applied For
Not Applicable

Country  
Canada

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)

100002545781--2  
-06/03/98--01041--010  
\*\*\*900.00 \*\*\*900.00

**REINSTATEMENT** 97-98

SL 5-29-98

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

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.

Signature of  
Registered Agent

Date 5/20/72

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/98

800-892-6112

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CP2E040 (8/97)