

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000034862 (8)

1. Corporation Name

CORNELIUS ENGLAND COMPANY

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable  
3945 Poinsettia Drive

3. New Mailing Office Address, If Applicable  
3945 Poinsettia Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
St. Pete Beach, FL

City & State  
St. Pete Beach, FL

Zip  
33706

Country  
USA

Zip  
33706

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/1996

5. FEI Number

59-3377319

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)

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
D/P/VP	F. Steven L. Cornelius	3945 Poinsettia Drive	St. Pete Beach, FL 33706
D/S/T	Larissa P. Cornelius	3945 Poinsettia Drive	St. Pete Beach, FL 33706

400002775694-5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

F. STEVEN L. CORNELIUS

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

3945 Poinsettia Drive

Suite, Apt. #, Etc.

City

St. Pete Beach

State  
FL

Zip Code  
33706

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 February 12, 1999

11. This corporation owes 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
F. STEVEN L. CORNELIUS, President

2/12/99

Date

(727) 367-4433

Daytime Phone #

CR2E081 (12/98)



ACCOUNT NO. : 072100000032

REFERENCE : 134779 85036A

AUTHORIZATION : *Patricia P. [Signature]*

COST LIMIT : \$ 1058.75

ORDER DATE : February 15, 1999

ORDER TIME : 11:51 AM

ORDER NO. : 134779-005

CUSTOMER NO: 85036A

CUSTOMER: Robert A. Forlizzo, Esq  
Forlizzo & Neal  
Suite 300  
13577 Feather Sound Drive  
Clearwater, FL 33762

DOMESTIC FILINGS

NAME: CORNELIUS ENGLAND COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS \_\_\_\_\_