

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 10 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000054390

1. Corporation Name

Florida General Corporation

2. Principal Office Address - No P.O. Box #

8829 SR. 674

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1572

Suite, Apt. #, etc.

City & State

Lithia FLA.

City & State

Valrico, FLA.

Zip

33598

Country

Hills.

Zip

33595

Country

Hills.

4. Date Incorporated or Qualified  
To Do Business in Florida

6/24/96

5. FEI Number

593450830

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alvin Coulter

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

8829 SR. 674

Suite, Apt. #, Etc.

City

Lithia

State

FL

Zip Code

33598

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Alvin Coulter

REGISTERED AGENT MUST SIGN

Date 12/6/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alvin Coulter	8829 SR. 674	Lithia, FL 33598

200112984888  
12/10/07--01024--011 \*\*300.00

10. 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 contained in Chapter 119, 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:

Alvin Coulter

Alvin Coulter

Date

12/6/07

Daytime Phone #

(813)

356-8680

2.12/19