

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
99 FEB -3 AM 11:22  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068329

1. Corporation Name

PROMO ENT., INC.



REINSTATEMENT 98-99

Principal Place of Business

POST OFFICE BOX 1907  
HOBE SOUND FL 33475-1907

Mailing Address

POST OFFICE BOX 1907  
HOBE SOUND FL 33475-1907

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

2. New Principal Office Address, If Applicable

Post Office Box 1128  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Post Office Box 1907  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1996

5. FEI Number

65-0699258

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	City / State / Zip
D	KLEIN, JAMES C	8891 SE EAGLE AVENUE	HOBE SOUND FL 33455

7770837-2  
-02/09/99--01134--017  
\*\*\*\*900.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

KLEIN, JAMES C  
8891 SE EAGLE AVENUE  
HOBE SOUND FL 33455

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

REGISTERED AGENT MUST SIGN

Date 1-31-99

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:

James C. Klein James C. Klein President 1-31-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 546 3789

CR2040 (9/96)