

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000080397

1. Corporation Name

STATEWIDE RESEARCH, INC.

Principal Place of Business

14100 N.W. 58TH COURT
MIAMI LAKES FL 33014

Mailing Address

17911 VON KARMAN AVE
STE #300
IRVINE CA 92614
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0703348

6. CERTIFICATE OF STATUS DESIRED ☐

09/27/1996

Applied For

Not Applicable

\$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 Numbers)	City / State / Zip
1	2	3	4
DP	TYSON, DARRYL J WALLACE, DANIEL	14100 N.W. 58TH COURT 901 N. LAKE DESTINY DR., #395	MIAMI LAKES FL MAITLAND, FL 32751
D	MORAN, JIM	14100 N.W. 58TH COURT	MIAMI LAKES FL 33014
SVP	SIMONTON, TOM	14100 NW 58TH COURT	MIAMI LAKES FL
CEO	STUNK, CARL A	17911 VON KARMAN AVE, #500	IRVINE CA
CFO	STINSON, ALAN L.	3916 STATE STREET, SUITE 300	SANTA BARBARA, CA 93105
S	KANE, M'LISS J	17911 VON KARMAN AVE, #300	IRVINE CA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STAKER, KARLA J ESQ.
% FIDELITY NATIONAL TITLE INSURANCE CO.
901 N. LAKE DESTINY DRIVE, SUITE 395
MAITLAND FL 32751

Name

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

Suite, Apt. #, Etc

City

200002832342-4

04/07/99-01079-015

****900.00

FL

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

Karla J. Staker

REGISTERED AGENT MUST SIGN

Date 12/9/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M'LISS JONES KANE SECRETARY

12/09/98

Date

(949)622-4326

Daytime Phone #

CR2EDM (9/98)