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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 # **P960000 81628**

1. Corporation Name

Fuller Warren Charter Services, Inc.

Principal Place of Business

201 East Pine Street
Suite 710
Orlando, Florida 32801

Mailing Address

201 East Pine Street
Suite 710
Orlando, Florida 32801

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

X

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	Mike Hillyer	201 East Pine Street Suite 710 Orlando, FL 32801	

REINSTATEMENT

9/8 TS
97-98

8. Name and Address of Current Registered Agent

James E. Moye
Suite 710
201 East Pine St.
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed and registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James E. Moye

REGISTERED AGENT MUST SIGN

Date

8/21/98

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:

Mike Hillyer MIKE HILLYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/98
Date

Daytime Phone #

MOYE, O'BRIEN, O'ROURKE, HOGAN & PICKERT

ATTORNEYS AT LAW

NATHAN E. MINEAR*

*MEMBER OF THE FLORIDA BAR

*MEMBER OF THE GEORGIA BAR

SUITE 1940
999 PEACHTREE ST., N.E.
ATLANTA, GEORGIA 30309-3964
TELEPHONE (404) 875-6300
TELEFAX (404) 733-5855

ORLANDO OFFICE
MOYE, O'BRIEN, O'ROURKE, HOGAN & PICKERT
201 E. PINE ST.
SUITE 710
ORLANDO, FLORIDA 32801

CHICAGO OFFICE
O'BRIEN, O'ROURKE & HOGAN
10 SOUTH LA SALLE STREET
SUITE 2900
CHICAGO, ILLINOIS 60603

September 4, 1998

Mr. Tyrone Scott, Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **Fuller Warren Charter Services, Inc.**
Ref. Number: P96000081628

Dear Mr. Scott:

This letter confirms our telephone conversation with your office on September 1, 1998. Pursuant to your instruction we are forwarding the previously omitted payment in the amount of \$908.75 together with a copy of your letter dated August 28, 1998.

If you have any questions regarding the above, please do not hesitate to contact the undersigned.

Sincerely,



Tonny P. White

enclosure