

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 30 AM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PAL0000088349

1. Corporation Name

Tracey Allaire ENT INC

Principal Place of Business

Mailing Address

302 W Daughtery Rd
Lakeland FLA 33809

SAME

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

4. Date Incorporated or Qualified To Do Business in Florida

10-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593409273

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Numbers)	City / State / Zip
1	2	3	4
<u>PRES</u>	<u>TRACEY ALLAIRE</u>	<u>302 W DAUGHTERY RD</u>	<u>LAKELAND FLA 33809</u>

600002476906-3
04/02/98-01071-004
***315.00 ***315.00

8/31/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRACEY ALLAIRE
302 W DAUGHTERY RD
LAKELAND FLA 33809

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

Tracey Allaire

REGISTERED AGENT MUST SIGN

Date

March 7 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:

Tracey Allaire TRACEY ALLAIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 853-8379

Date

941 944 7808

Daytime Phone #

2062

To whom it may concern,

In request of the divisions of corporations
reinstatement department I was asked to write you this
letter concerning the reinstatement penalty of 600.00
dollars.the reason for not paying the renewal fee was
because the forms were mailed to the incorrect address.
The address in altamonte springs was never my address.
My correct address is 302 W.DAUGHTERY RD. LAKE LAND FL.33809.

Thank You,
Tracey Allaire