

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

**AND
FILED**

97 NOV -3 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096755

1. Corporation Name

OWNERS DIRECTORY, INC.

Principal Place of Business

101 WYMORE ROAD STE 538
ALTAMONTE SPRINGS FL 32714

Mailing Address

101 WYMORE ROAD STE 538
ALTAMONTE SPRINGS FL 32714



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

11/25/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3422999

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)

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, Pres. C.E.O.	GERRITY, MICHAEL J	101 WYMORE ROAD STE 538	ALTAMONTE SPRINGS FL 32714
			200002349482--4 -11717797--01144--002 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

GERRITY, MICHAEL J
101 WYMORE ROAD STE 538
ALTAMONTE SPRINGS FL 32714

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

10/29/97

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

President

Date

10/29/97

Daytime Phone #

(407) 869-6767

CH2E040 (8/97)

OWNERS DIRECTORY

Marketing & Listing Services For Home Owners

Owners Directory, Inc.
101 Wymore Rd. • Suite 538
Altamonte Springs, FL 32714
Phone: (407) 869-6767
Fax: (407) 869-8995
Internet: www.ownersdirectory.com

October 30, 1997

Mr. Shawn Toner
Dept of State/Annual Reports Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement of Owners Directory, Inc

Dear Mr. Toner,

As per our conversation today, please find enclosed a check in the amount of \$165.00 for reinstating the Owners Directory, Inc.

I appreciate that you have waived the \$700.00 fee to \$165.00 since we never received last years notices. If you have any questions, please contact me at (407) 869-6767.

Thank You,

OWNERS DIRECTORY, INC



Michael J. Gerrity
President

Enclosures (2)