

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

98 NOV 30 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000001922

1. Corporation Name

AEGIS FACTORS, INC.

Principal Place of Business

2121 MCGREGOR BOULEVARD
FORT MYERS FL 33901

Mailing Address

2121 MCGREGOR BOULEVARD
FORT MYERS FL 33901

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

01/08/1997

5. FEI Number

65-0718871

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 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MCAHON, ROBERT T	2121 MCGREGOR BOULEVARD	FORT MYERS FL 33901
VSD	GINSBERG, BRUCE A	2121 MCGREGOR BOULEVARD	FORT MYERS FL 33901
			300002704103--4
			-12/04/98--01116--009
			***750.00 ***750.00

REINSTATEMENT

98.3

B 11/30/98

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Spiegel & Utrera P.A. d/b/a AmeriLawyer
Street Address (P.O. Box Number Is Not Acceptable)
343 Almeria Avenue
Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

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

Signature of
Registered Agent

By:

SIGNATURE REQUIRED

Date 11/25/98

Natalia Utrera, Vice President

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:

Robert M. Mahon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98 (941) 332-5884
Date Daytime Phone #

CR2E040 (9/98)