

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 # **P97000017246**

1. Corporation Name

**AFFORDABLE/SOUTHFORK, INC.**

Principal Place of Business

Mailing Address

405-F ATLANTIS ROAD  
CAPE CANAVERAL FL 32920

405-F ATLANTIS ROAD  
CAPE CANAVERAL FL 32920

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

02/24/1997

5. FEI Number

59.3439919

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)

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
D V T S	STRAKA, CHRISTOPHER J	405-F ATLANTIS ROAD	CAPE CANAVERAL FL 32920
P	BAILEY, HELEN	405-F Atlantis Road	Cape Canaveral, FL 32920
V	RENTZ, CYNTHIA	405-F Atlantis Road	Cape Canaveral, FL 32920

**REINSTATEMENT**

98

11-24-98

200002695682--9

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STRAKA, CHRISTOPHER J  
405-F ATLANTIS ROAD  
CAPE CANAVERAL FL 32920

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11.16.98

11.23.98

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:

*Cynthia L. Rentz*

Cynthia L. Rentz, Vice President

407.799.4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cynthia L. Rentz*

Date 11.16.98

Daytime Phone #

11.23.98

CR2E040 (rev.8)



ACCOUNT NO. : 072100000032

REFERENCE : 042587 7120823

AUTHORIZATION :

*Patricia Pizant*

COST LIMIT : \$ 758.75

ORDER DATE : November 24, 1998

ORDER TIME : 10:40 AM

ORDER NO. : 042587-015

CUSTOMER NO: 7120823

CUSTOMER: Ms. Cynthia L. Rentz  
Straka & Associates  
405-f Atlantis Road

Cape Canaveral, FL 32920

DOMESTIC FILINGS

NAME: AFFORDABLE/SOUTHFORK, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
98 NOV 24 PM 12:15  
DIVISION OF CORPORATION