

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

2000 UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 16 PH 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026172

1. Corporation Name

FINANCIAL CONSULTANTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

911 N MAIN ST  
STE 7B  
KISSIMMEE FL 34744  
US

911 N MAIN ST  
STE 7B  
KISSIMMEE FL 34744  
US

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

03/19/1997

5. FEI Number

59-3452568

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	<del>CARR, MICHAEL D</del>	911 N MAIN ST, STE 7B	KISSIMMEE FL 34744
	CARR, MICHAEL C.		

200003459882--9  
-11/09/00--01125--013  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARR, MICHAEL C  
911 N MAIN ST  
STE 7B  
KISSIMMEE FL 34744

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 10-13-00

11. 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

Michael C. Carr

Date

Daytime Phone #

# FINANCIAL CONSULTANTS

OF CENTRAL FLORIDA, INC.

911 N. MAIN STREET SUITE 7B • KISSIMMEE, FL 34744 • Telephone (407) 847-7778 • Fax: (407) 847-8755

---

October 13, 2000

Division of Corporations  
Annual Report Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Document # P97000026172

To Whom It May Concern:

Enclosed is the signed "Application for Reinstatement" along with our check in the amount of \$150.00 payable to the Department of State.

We did not receive our first or second notice regarding the renewal. I am enclosing copies of our correspondence to you last year when we had to call for the form and you will notice our annual report from 1999 was hand written as we did not receive a pre-printed one. I feel that my corporation should not be penalized since we have not received notices for two years in a row.

I am sure that you hear "I did not receive my notice" from a large number of corporations all the time, however, I am convinced we did not receive the first or second notice. We are a small company and we are very diligent when complying with license fees for the State as well as City and County.

Thank you for your attention to this matter and I look forward to hearing from you soon regarding my corporate reinstatement.

Sincerely,



Michael C. Carr,  
President

MCC/jc  
encl