

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page b/n*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000026543**

1. Corporation Name

O'HARA CORTEZ, INC.

Principal Place of Business

7004 CORTEZ ROAD
BRADENTON FL 34209

Mailing Address

7004 CORTEZ ROAD
BRADENTON FL 34209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3413 24th EIR
SARASOTA FLORIDA
34235

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1997

5. FEI Number

65-0757003
APPLIED FOR

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	City / State / Zip
D	JONES, PATRICK	7004 CORTEZ ROAD	BRADENTON FL 34209
D	JONES, ANNE	7004 CORTEZ ROAD	BRADENTON FL 34209

900004686179--6
-11/16/01--01103--006
******400.00 ****400.00**

8. Name and Address of Current Registered Agent

JONES, PATRICK
7004 CORTEZ ROAD
BRADENTON FL 34209

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-16-01**

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 REQUIRED
ANNE JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-01

PAYOR

O HARA'S CORP

3413 24th CIR

SARASOTA

FL 34235

To whom it may concern

Please find check
for \$400.00 dollars as agreed re-
phone call our mail had got
mislaid

Yours sincerely
A. Jones