

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000065619**

1. Corporation Name

HIGGINS-DENI & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1721 NORTH SR 7
MARGATE FL 33063

1721 NORTH SR 7
MARGATE FL 33063

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

07/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0768340

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	4 City / State / Zip
D	CARNAHAN, DANIEL L	6042 NW 66TH AVENUE	PARKLAND FL 33067
D	HIGGINS, MARK A	4010 NW 4TH COURT	COCONUT CREEK FL 33066

500023962785

10/21/03--01031--003 **150.00

10/17/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARNAHAN, DANIEL L
6101 W. ATLANTIC BLVD STE # 105
MARGATE FL 33063

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date 10/17/03

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

CR2E040 (7/03)



Higgins • Deni & Associates

1721 NORTH STATE ROAD 7 • MARGATE, FL 33063 • PHONE: (954) 971-0540
FAX: (954) 971-5980

October 17, 2003

State of Florida
Department of State

Re: reinstatement of corporation

To Whom It May Concern:

Higgins-Deni & Associates recently received the attached application for reinstating our corporation. We had not received a copy of the report to file or we would have taken care of it at that time. I called your 800 number and was told to go ahead and mail in the \$150.00 that would have been the fee at the time it was due.

If you have any questions, don't hesitate to call.

Yours truly,

Mark A. Higgins
President