

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000076075**

1. Corporation Name

MULTIBROKERS, INC.

Principal Place of Business

Mailing Address

413 CENTRAL PARKWAY W
ALTAMONTE SPRINGS FL 32714

P.O. BOX 160338
ALTAMONTE SPRINGS FL 32716

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

09/02/1997

5. FEI Number

59-2920480

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VC	HATCHER, LYNDELL LLOYD	413 CENTRAL PARKWAY W	ALTAMONTE SPRINGS FL 32714
PTS	HATCHER, GAIL	413 CENTRAL PARKWAY WEST	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HATCHER, LYNDELL LLOYD
413 CENTRAL PARKWAY W
ALTAMONTE SPRINGS FL 32714

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]
REGISTERED AGENT MUST SIGN

Date 22 Oct 2003

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

22 Oct 03 407-862-2168

Daytime Phone #

FILED

03 OCT 28 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



300024197913
10/28/03--01023--027 **150.00

CR2E040 (7/03)

MULTI BROKERS

P.O. Box 160338 • Altamonte Springs, FL 32716-0338

407-862-2168 or 407-862-4930

FAX (407) 869-6028

22 October 2003

To Whom It May Concern:

As of this date we have not received the 2003 UNIFORM BUSINESS REPORT.

Please find my check #9095 for \$150.00 to take care of the reinstatement for

Multi Brokers, Inc.

Yours truly,

A handwritten signature in cursive script that reads "L. Gail Hatcher".

L. Gail Hatcher
President