

APPLICATION  
FOR  
REINSTATEMENT



## DIVISION OF CORPORATIONS

### 1. Corporation Name

20/16/98

Mailing Address

600 CORPORATE DR., STE. 512  
FT. LAUDERDALE FL 33334

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

10/30/1997

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	ANTONUCCI, JAMES F	600 CORPORATE DR., STE. 512	FT. LAUDERDALE FL 33334
			000002914650--3
			-06/24/99--01087--011
			***908.75 ***908.75
		<b>REINSTATEMENT</b> <u>1998-1999</u>	
		(AR) (CV)	

**8. Name and Address of Current Registered Agent**

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

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E040 (9/98)