

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104590

1. Corporation Name

FOR PROF, INC.

Principal Place of Business

Mailing Address

523 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

523 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

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

2. New Principal Office Address, if Applicable

311 N. Clyde Morris Blvd
Ste - 480

City & State
Daytona Beach FL
Zip 32114 Country USA

3. New Mailing Office Address, if Applicable

311 N. Clyde Morris Blvd
Ste - 480

City & State
Daytona Beach FL
Zip 32114 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1997

5. FEI Number 59-3501673

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SELTZER, NORTMAN B	311 NORTH CLYDE MORRIS BOULEVARD	DAYTONA BEACH FL 32114
S	GAINES, RICHARD	311 NORTH CLYDE MORRIS BOULEVARD	DAYTONA BEACH FL 32114

REINSTATEMENT 99 LITS

100003040481--7
-11/09/99-01097-014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAGGETT, G L
523 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

Name Norman B. Seltzer
Street Address (P.O. Box Number is Not Acceptable)
311 N. Clyde Morris Blvd
Suite, Apt. #, Etc.
Ste - 480
City Daytona Beach
State FL Zip Code 32114

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

N. Seltzer

REGISTERED AGENT MUST SIGN

Date 10/28/99

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:

N. Seltzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/99 942572602

Date Daytime Phone #