

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000002241

1. Corporation Name

Caffrey Service Company, Inc.

Mailing Address

Principal Place of Business

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

2. New Mailing Address, If Applicable

15103 North 20th St.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33549

Country

USA

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/07/98

5. FEI Number

59-3255346

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
Pres	Wayne B Caffrey Sr	15103 N 20th St	Lutz, FL 33549
Sec	Patricia E Caffrey	15103 N 20th St	Lutz, FL 33549

200003026852--6
-10/27/99-01087-010
***150.00 ***150.00
LS

8. Name and Address of Current Registered Agent

S. L. Stafford, EA
15951 N Florida Ave
Lutz, FL 33549

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]

REGISTERED AGENT MUST SIGN

Date 12 Oct 99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Wayne B. Caffrey Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 14, 1999

Daytime Phone # 813 971-3835

FILED

99 OCT 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 6 54

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CAFFREY SERVICE COMPANY, INC.

15103 North 20th Street
Lutz, FL 33549

October 14, 1999

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Sirs,

Enclosed is my application for reinstatement of my corporation, which accidentally was allowed to be administratively dissolved for not filing my 1999 annual report.

My registered agent moved late in 1998, and apparently neither the original notice nor the late notice were received by him. I was unaware of the filing requirement, and so did not inquire about the missing papers.

Per our conversation, I request a one-time waiver of penalties.

Thank you.

Yours truly,

Wayne B. Caffrey

Wayne B. Caffrey
President