

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

99 OCT 22 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000016213**

1. Corporation Name

**ESTATE ADMINISTRATORS, INC.**

Principal Place of Business

1980 N ATLANTIC AVE. SUITE 816  
COCOA BEACH FL 32931

Mailing Address

1980 N ATLANTIC AVE. SUITE 816  
COCOA BEACH FL 32931

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

02/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

35-1970006

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	MOTOLO, PERRY F	1980 N ATLANTIC AVE, SUITE 816	COCOA BEACH FL 32931

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOTOLO, PERRY F  
1980 N ATLANTIC AVE, SUITE 816  
COCOA BEACH FL 32931

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:

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

10/23/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

Date

10/23/99 (407) 7834535

Daytime Phone #

08/27/99 90001 CBS SSS.00

10/23/99

Dear Tyrone,

2

As per our talk. Please  
reinstate the corporate status as  
per this form. The check for \$555.<sup>00</sup>  
was cashed. Please waive late fees  
as per our talk. I truly appreciate  
your input and effort.

Respectfully,  
PJ Motalo

P.S. Late fees to be  
waived due to presence  
out of town, father's  
heart attack.