

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 16 PM 12:00

DOCUMENT # P98000034525

1. Corporation Name

APARTMENT LOCATORS AND HOME FINDERS OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

1988 TWO HORSE TRAIL
TALLAHASSEE FL 32308

1988 TWO HORSE TRAIL
TALLAHASSEE FL 32308

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1998

5. FEI Number

59-3506219

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	4 City / State / Zip
PVT	PUTNAM, DIANA	1988 TWO HORSE TRAIL	TALLAHASSEE FL 32308
S	PUTNAM, TERRA	1988 TWO HORSE TRAIL	TALLAHASSEE FL 32308

700003058907--4
-12/02/99--01056--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLLAWAY-LINDSLEY, ALLISON
1988 TWO HORSE TRAIL
TALLAHASSEE FL 32308

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

ALLISON HOLLAWAY-LINDSLEY
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-12-99

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:

Diana L Putnam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-99 850 222 9845

Daytime Phone #

AD