

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 15 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000046379**

1. Corporation Name

ENTELECHY GROUP, INC.

Principal Place of Business

4062 MISSION HILLS CIRCLE WEST
JACKSONVILLE FL 32225

Mailing Address

4062 MISSION HILLS CIRCLE WEST
JACKSONVILLE FL 32225



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

2. New Principal Office Address, If Applicable

9951 Atlantic Blvd.

Suite, Apt. #, etc.

319

City & State
Jacksonville, FL

Zip
32225

Country
US

3. New Mailing Office Address, If Applicable

9951 Atlantic Blvd.

Suite, Apt. #, etc.

319

City & State
Jacksonville, FL

Zip
32225

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1998

5. FEI Number

59-3510531

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CEBAK, WILLIAM T	4062 MISSION HILLS CIRCLE WEST	JACKSONVILLE FL 32225
SD	CEBAK, PELVIN M	4062 MISSION HILLS CIRCLE WEST	JACKSONVILLE FL 32225
			7000003487807--7 -12/05/00--01071--015 ***750.00 ***750.00
			TS
			REINSTATEMENT

8. Name and Address of Current Registered Agent

CEBAK, WILLIAM T
4062 MISSION HILLS CIRCLE WEST
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name
William Cebak
Street Address (P.O. Box Number is Not Acceptable)
9951 Atlantic Blvd
Suite, Apt. #, Etc.
319
City
Jacksonville
State
FL
Zip Code
32225

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/00

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00
Date

9047221276
Daytime Phone #

CR2E040 (8/00)