

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  
TALLAHASSEE, FLORIDA

01 OCT 25 PM 1:16

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DOCUMENT # P98000053991

1. Corporation Name

MICHAEL CONGER & ASSOCIATES, INC.

Principal Place of Business  
1721 SW ANDERSON STREET  
PORT ST LUCIE FL 34953

Mailing Address  
1721 SW ANDERSON STREET  
PORT ST LUCIE FL 34953



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

2. New Principal Office Address, If Applicable  
2014 S.W. KASIM TER.

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
2014 S.W. KASIM TER

4. Date Incorporated or Qualified To Do Business in Florida  
06/15/1998

Suite, Apt. #, etc.  
Port St. Lucie FL  
City & State  
34953

Suite, Apt. #, etc.  
2014 S.W. KASIM TER  
City & State  
Port St Lucie FL  
Zip  
34953

5. FEI Number  
65-0838241

Applied For  
Not Applicable

Country  
U.S.A.

Country  
U.S.A.

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CONGR, MICHAEL	CONGR, MICHAEL	1721 SW ANDERSON ST.	PORT ST. LUCIE FL 34953
	Michael Conger	2014 S.W. KASIM TER	Port St Lucie FL 34953
			900004679239-7
			11/14/01-01084-010
			***150.00 ***150.00
			SP

8. Name and Address of Current Registered Agent

CONGR, MICHAEL  
1721 SW ANDERSON STREET  
PORT ST LUCIE FL 34953

9. Name and Address of New Registered Agent

Name  
Michael Conger  
Street Address (P.O. Box Number is Not Acceptable)  
2014 S.W. KASIM TER.  
Suite, Apt. #, Etc.  
City  
Port St. Lucie FL  
State  
FL  
Zip Code  
34953

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 10-22-01

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

Date 10-22-01  
Daytime Phone #

CFR2040 (8/01)

202

Florida Dept. of State  
Divisions of Corp.

To Whom it may concern.

I never recieved 1<sup>st</sup> or 2<sup>nd</sup> notices  
of my Applications. MAYBE due to  
new ADDRESS or lost in the MAIL

I spoke to your office 10-22-01 after  
receiving my new form in the MAIL 10-21-01

It was sent to my previous ADDRESS ALSO

I was told to send in my reinstatement  
application with \$150.00 which I did immediately

Thank you

Conger Assoc. Inc.

*My Plus*