

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 DEC 21 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056762

1. Corporation Name

DEFOREST ASSOCIATES, INC.

Principal Place of Business

Mailing Address

13638 COUNTRY CLUB DR
TAVARES FL 32778

P.O. BOX 470
ASTATULA FL 34705-0470

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

06/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED I

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
PD	DEFOREST, ROBERT D	P.O. BOX 470	ASTATULA FL 34705
VSTD	DEFOREST, JOYCE A	P.O. BOX 470	ASTATULA FL 34705

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-12/28/99-01060-014

****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Vicky
ABLING, MADELIENE C
112 E CONCORD ST #300
ORLANDO FL 32801

407-298-6353
office 872-8433

Name Robert D. DeForest
Street Address (P.O. Box Number is Not Acceptable)
13638 Country Club Drive
Suite, Apt. #, Etc.

City TAVARES

State FL

Zip Code 32778

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 12-15-99

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 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

12-15-99

Date

Daytime Phone #

VACATION

KE