

APPLICATION
FOR
2000 UBR



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

FILED

00 OCT 25 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063614

1. Corporation Name

MONTGOMERY & ASSOCIATES ACCOUNTING OF FLORIDA,
INC.

Principal Place of Business

Mailing Address

24168 KIWI LANE
BROOKSVILLE FL 34601

24168 KIWI LANE
BROOKSVILLE FL 34601



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

07/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3537590

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MONTGOMERY, DARLENE A	24168 KIWI LANE	BROOKSVILLE FL 34601

600003488516--4
12/06/00 01005 013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTGOMERY, DARLENE A
24168 KIWI LANE
BROOKSVILLE FL 34601

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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:

Darlene A. Montgomery
DARLENE A. MONTGOMERY
10-10-00

352-
797-9893

Date

Daytime Phone #

**MONTGOMERY & ASSOCIATES
ACCOUNTING OF FLORIDA, INC.**

SPECIALIZING IN SMALL BUSINESSES

Member AIPB

October 10, 2000

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**In re: Florida Dept. of State 2000
Document # P98000063614
EIN # 59-3537590**

Dear Administration:

Please accept my check #1148 in the amount of \$150.00 for the annual filing fee.

I had forgotten to pay my annual corporation fee.

I was having a baby during the time and forgot to send it in. I had a difficult delivery. I had a 10lb baby naturally and broke my tale-bone during delivery. Once delivered, my baby had to go to All Children's Hospital because of some complications. He was in the hospital for an additional week.

Also, during this time, my grandmother unexpectedly passed away. She was diagnosed with cancer and was on therapy. That week she got sick went the hospital and ended up dying suddenly.

I have not done much business for the past 6 months. I am just now getting back to working.

Please understand and take into consideration what I've been through.

This is the first and only time I've been late.

Sincerely,


DARLENE A. MONTGOMERY
President

24168 KIWI LANE • BROOKSVILLE, FL 34601
Phone: (352) 797-9893 • Fax: (352) 797-9893 • 800-934-4033