

**APPLICATION  
FOR  
REINSTATEMENT**



FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 1. Corporation Name

Principal Place of Business

**Mailing Address**

230 S CYPRESS ROAD  
POMPANO BEACH FL 33080

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Zip**

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

11/17/1998

5. FEI Number

Applied For

59-3546231

Not Applicable
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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
PD	BURROWS, RONNIE L	230 S CYPRESS ROAD	POMPANO BEACH FL 33060

70000303337--4  
-11/03/99-01002-007  
\*\*\*750.00 \*\*\*750.00

LS

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

GASS, DANIEL G  
10001 NW 50 STREET STE 204  
SUNRISE FL 33351

Name \_\_\_\_\_

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FI

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

REGISTERED AGENT MUST SIGN

Date 10/13/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_