

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

UDN

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022615

1. Corporation Name

APPENZELL DIST. INC.

Principal Place of Business

3338 WEDGEWOOD WAY
TARPON SPRINGS FL 34689

Mailing Address

3338 WEDGEWOOD WAY
TARPON SPRINGS FL 34689

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 & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1999

5. FEI Number

59-3573654

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
D	APPENZELLER, RANDAL W	3338 WEDGEWOOD WAY	TARPON SPRINGS FL 34689

600008733766
10/31/02--01108--005 **150.00

8. Name and Address of Current Registered Agent

APPENZELLER, RANDY
3338 WEDGEWOOD WAY
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Randy Appenzeller
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-29-02

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.

727-939-1990

SIGNATURE:

Randy Appenzeller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/02 Daytime Phone #

CR2ED40 (8/02)

10-29-02

To:

State of Florida
Department of State

To the best of my knowledge
I Randy Appenzeller did not
receive prior UBR notices.
So please reinstate my corporation
Appenzell Dist. INC. as it was
not my intention to dissolve.

Thankyou for the handling of
this matter.

Randy Appenzeller

President - Appenzell Dist. INC.