


**APPLICATION  
FOR  
REINSTATEMENT**



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

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer and one director.)

[illegible]

City ST.

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in this statute. If this is a reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of the statute, all taxes and fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for disqualification. I declare that the information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CERTIFICATE OF STATUS DESIRED** ☒ **for a Certificate of Status**

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**LS**

CR2E040 (8/01)	
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