

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 17 AM 9:09

DOCUMENT # P99000024962

1. Corporation Name

LAURENCE BISHOFF & CO., INC.

Principal Place of Business

507 NORTH NEW YORK AVE., STE 302  
WINTER PARK FL 32789

Mailing Address

507 NORTH NEW YORK AVE., STE 302  
WINTER PARK FL 32789



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

2. New Principal Office Address, If Applicable

507 NORTH NEW YORK AVE

Suite, Apt. #, etc.

Suite 100

City & State  
WINTER PARK FL

Zip  
32789

Country  
USA

3. New Mailing Office Address, If Applicable

507 North New York Ave.

Suite, Apt. #, etc.

Suite 100

City & State  
Winter Park, FL

Zip  
32789

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/1999

5. FEI Number

59-3567219

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	BISHOFF, LAURENCE H	100 S INTERLACHEN AVE, APT 101	WINTER PARK FL 32789
			700004654397--4 -10/26/01--01023--006 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

DANIELS, ALAN H  
800 N MAGNOLIA AVE, SUITE 1500  
ORLANDO FL 32803

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.

Signature of  
Registered Agent

Alan H. Daniels

REGISTERED AGENT MUST SIGN

Date October 15, 2001

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)(f), 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 #

LAURENCE H. BISHOFF

12 Oct 2001

407-629-6929

CR2E040 (8/01)