

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

~~2972 ATLANTA CT~~
~~LONGWOOD FL 32779~~

801 N John Young Parkway
ORLANDO, FL 32804

Same as
place of
Business



REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

801 N John Young Pl
Suite, Apt. #, etc.

801 N John Young Pkwy
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State ORL FL 32804

Zip	32804	Country	USA
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Zip	Country
32804	USA

4. Date Incorporated or Qualified To Do Business in Florida

04/15/1999

5. FEI Number

Applied For

59-357 4213

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PIERRE, GERALD P	2972 ALATKA CT 801 N John Young Pkwy	LONGWOOD FL 32779 Orlando, FL 32804
			800003743588--2 -02/20/01--01084--013 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

PIERRE, GERALD P
2972 ALATKA CT
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name PIERRE, GERALD P
Street Address (P.O. Box Number is Not Acceptable)
801 N John Young Pkwy
Suite, Apt. #, Etc.

City ORLANDO State FL Zip Code 32804

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 01/3/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

(407)[✓]7189032