

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000066411

1. Corporation Name

EXECUTIVE RESOURCES INC.

Principal Place of Business

Mailing Address

7651 NW 47TH AVENUE  
COCONUT CREEK FL 33073

7651 NW 47TH AVENUE  
COCONUT CREEK FL 33073

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

FILED

03 NOV 14 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

000024655570  
11/14/03--01005--031 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1999

5. FEI Number

65-0934565

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVS	NORTON, DEBRA	7651 NW 47TH AVENUE	COCONUT CREEK FL 33073
T	HICKEY, JAMES A JR	7651 NW 47TH AVE	COCONUT CREEK FL 33073

8. Name and Address of Current Registered Agent

NORTON, DEBRA  
7651 NW 47TH AVENUE  
COCONUT CREEK FL 33073

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

*Debra Norton*  
REGISTERED AGENT MUST SIGN

Date 10/30/03

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:

*Debra Norton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03  
Date

954 427-3039  
Daytime Phone #

CR2E040 (7/03)