

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S01719**

1. Corporation Name

TILT-UP PROFESSIONALS CORPORATION

Principal Place of Business

1005 ORIENTA AVE
SUITE 1100
ALTAMONTE SPRINGS FL 32701

Mailing Address

1005 ORIENTA AVE
SUITE 1100
ALTAMONTE SPRINGS FL 32701

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1990

5. FEI Number

59-3040996

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	THEISEN, ROBERT W. JR	1005 ORIENTA AVE #1100	ALTAMONTE SPGS FL
P	THEISEN, MARK W	1005 ORIENTA AVE #1100	ALTAMONTE SPGS FL

8. Name and Address of Current Registered Agent

THEISEN, MARK W
1005 ORIENTA AVE
SUITE 1100
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

KURT E GROSZMAN

Street Address (P.O. Box Number is Not Acceptable)

200 E. ROBINSON ST

Suite, Apt. #, Etc.

SUITE 1150

City

ORLANDO

State

FL

Zip Code

32801

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

9-20-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-96

Date

(407) 834-8458

Daytime Phone #

OR2040 (7/96)