


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 # **S16246**

1. Corporation Name
EIGHT HUNDRED, INC.

FILED
97 FEB 14 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

**1376 LANDMARK COURT
FT. MYERS FL 33919** **1376 LANDMARK COURT
FT. MYERS FL 33919**

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

P.O. Box 2139

Suite, Apt. #, etc.
St. Mary's, Ontario

City & State

Zip Country
N4X 1A1 Canada

4. Date Incorporated or Qualified To Do Business in Florida **11/30/1990**

5. FEI Number **65-0228798** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	FURTNEY, PHILIP LEROY	1376 LANDMARK COURT	FT. MYERS FL
			300002089913--1 -02/17/97--01157--010 ****383.75 ****383.75

REINSTATEMENT
2/14/97

8. Name and Address of Current Registered Agent

**UNDERHILL, DONNA
12734 KENWOOD LANE
STE. 85
FT. MYERS FL 33907**

9. Name and Address of New Registered Agent

Name
Thomas F. Egan

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

Suite, Apt. #, Etc.

City State Zip Code
Orlando FL 32803

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: *Thomas F. Egan* Date: **1/8/97**

REGISTERED AGENT MUST SIGN

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)(l), 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: *Philip Furtny* Date: **Dec 12/96** Daytime Phone #: **407 658-0772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (7/96)