

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR



State

Secretary of State

Division of Corporations

DOCUMENT # **531793**

1. Corporation Name

Alliance Builder's of Tallahassee, Inc.

Principal Place of Business

Mailing Address

**226 N. Duval St.
Tallahassee, FL
32301**

**P.O. Box 13633
Tallahassee, FL
32317**

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

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/14/91

5. FEI Number

59-3080097

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
P/D	James M. Rudnick	226 N. Duval St.	Tallahassee, FL 32301
V/D	Elizabeth Spath-Leoni	226 N. Duval St	Tallahassee, FL 32301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

James M. Rudnick
(Mailing)
P.O. Box 13633
Tallahassee, FL 32317

(Physical)

226 N. Duval St
Tallahassee, FL 32301

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

850-545-1296

Daytime Phone #

FILED

99 JAN 22 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500002755445--5
-01/26/99--01089--001
******308.75 ****308.75**

CR2E081 (12/98)