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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

98 MAY 13 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #** *S31898*
Assured Accounting Services, Inc.
240 Mohawk Road
Clermont, FL 34711

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address *400002530503*

City and State *FL* Zip Code *34711*

REINSTATEMENT *93-98*

4. Date Incorporated or Qualified To Do Business in Florida
2/1/91

5. FEI Number
59-3050539

FEI Number Applied For
FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

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
Pres	Cindy S. Lono	1290 West Avenue	Clermont, FL 34711
VP	Peggy L. Abraham	240 Mohawk Road	Clermont, FL 34711

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Cindy S. Lono
240 Mohawk Road
Clermont, FL 34711

9. If changed, new registered agent / office

Name
Cindy S. Lono

Street Address (Do NOT Use P.O. Box Number)

240 Mohawk Road

Street Address (Do NOT Use P.O. Box Number)

City
Clermont

State
FL

Zip
34711

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

Cindy S. Lono

REGISTERED AGENT MUST SIGN

Date *4/28/98*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

[Signature]

Date *4/28/98*

Daytime Phone #