

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 # **S43744**

1. Corporation Name

1630 S.E. FEDERAL HIGHWAY, INC.

Principal Place of Business

**1630 SE FEDERAL HWY
STUART FL 34994-3910**

Mailing Address

**5215 Hood Rd
Palm Beach Gardens, FL
33418**

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

**Palm Beach Gardens FL
33418 USA**

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1991

5. FEI Number

NOT APPLICABLE

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/O	DEJOSIA, ANTHONY DEJOSIA	5215 Hood Rd Palm Beach Gardens, FL	Palm Beach Gardens, FL 33418

8. Name and Address of Current Registered Agent

**DOWNEY, JUNE
215 JASON COURT
SATELLITE BCH FL 32937**

9. Name and Address of New Registered Agent

Name

Anthony DeJosia

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

5215 Hood Rd

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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 **2/17/98**

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/98

Date

561 301-7850

Daytime Phone #

FILED

98 FEB 19 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **96-98**

CR2040 (7/96)