

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 # **S45046**

1. Corporation Name

FOREFRONT DIRECT, INC.

Principal Place of Business

Mailing Address

25400 US HWY 19 N
CLEARWATER FL 34623
US

P. O. BOX 10091
CLEARWATER FL 34617
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1991

5. FEI Number

59-3049917

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	KAPLAN, MIKE TIM MORMAN	240 WINDWARD PASSAGE 16100 N. GREENWAY HAYDEN LOOP #800	CLEARWATER FL SCOTTSDALE, AZ 85260
VP/S/D	SIKORA, DAVID ELIZABETH ROEMER	1330 POST OAK STE 1300 900 CHESAPEAKE DR.	HOUSTON TX REDWOOD CITY, CA 94063
VP/T	GORRY, G ANTHONY ERIC MURPHY	1330 POST OAK STE 1300 900 CHESAPEAKE DR.	HOUSTON TX REDWOOD CITY, CA 94063
	BANKS, STEPHEN J	1330 POST OAK STE 1300	HOUSTON TX
	DOVE, GRANT	1330 POST OAK STE 1300	HOUSTON TX

8. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD.
SUITE 309
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Elizabeth K. Roemer
ELIZABETH K. ROEMER, V.P. SECRETARY & DIRECTOR

Date 11/25/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(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

ELIZABETH K. ROEMER, V.P. SECRETARY & DIRECTOR

11/16/98

Date

(650) 817-5900

Daytime Phone #

APPROVED
AND
FILED

98 NOV 30 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400002703764-3

-12/04/98-01100-022

****750.00 ****750.00



REINSTATEMENT

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CR2E040 (9/98)