| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | |
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| APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STAT Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 572009 1 Corporat on Name | 99 NOV - 1 PM 4: 35 |
| EDP OF FLORIDA INC: | 35 NOT 1 (1) 4- 33 |
| Principal Place of Business 33200N6 AUE MANTOLOKING NJ 08738 | FINSTATEMENT |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable | 4. Date Incorporated or Qualified |
| Suite, Apt. #, etc. | To Do Business in Florida 5. FEI Number Applied For |
| City & State MANTOLOK INC N.J Zip Country Country Country | 6. CERTIFICATE OF STATUS DESIRED S8 75 Article and Status S8 75 Article and Status CERTIFICATE OF STATUS DESIRED S8 75 Article and Status |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list a Name of Officers Street Address of E | ach |
| Title(s) and/or Directors Officer and/or Directors 2 (Do NOT Use Post Office B | ctor City / State / Zip |
| PRES RAYMOND BRAUN 232 DUNE | AUE MANTOLOKING NIJ 08738 AUE MANTOLOKING NIJ |
| ASST TERRY KRONZ 8846 ENDANI | 33437 |
| | 7000030389475 -11/09/3901010024 ***1058.75 ***1058.75 |
| 8. Name and Address of Current Registered Agent Name | 9. Name and Address of New Registered Agent |
| TERRY KRONZ Street Address (P.O. Box Number is Not Acceptable) | |
| | |
| BOYNTON BEACH PLORIDA | State 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 Date Date Date Date Date Date Dat | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes I No Society Tax due June 30. | |
| 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 lees 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 is true and accurate, and my signature shall have the same legal effect as if made under oath. PRESIDENT SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PENATED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Despite Phone # | |