

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 26 AM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S72466

1. Corporation Name

FLORILAND SCREENING INC.
Principal Place of Business Mailing Address

132 D TOMAHAWK DRIVE
HARBOR BEACH, FL 32937

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 8 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3089509

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	GARY M. BUTTERFIELD	535 COCONUT STREET	SATELLITE BEACH, FL 32937

REINSTATEMENT

200002576142-8
06/30/98-01046-021
****908.75 ****908.75

B. 6/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARY M. BUTTERFIELD
535 COCONUT ST.
SATELLITE BEACH, FL 32937

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

GARY M. BUTTERFIELD
REGISTERED AGENT MUST SIGN

Date 19 JUNE '98

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:

GARY M. BUTTERFIELD PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 JUNE 98

Date

Daytime Phone #