

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 15 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **Y40973**

1. Corporation Name
PROXY CORP.

Principal Place of Business Mailing Address
1514 Perimeter Road, Suite 106
West Palm Beach, Florida 33406

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

6/01/1999

5. FEI Number

65-0337116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SB 700003077797--6
12/22/99--01047--002
***1057.00 ***1057.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,T, S,D	G. Peter Reed, Jr.	1514 Perimeter Road Suite 106	West Palm Beach, FL 33406

8. Name and Address of Current Registered Agent

G. Peter Reed, Jr.
1514 Perimeter Road, Suite 106
West Palm Beach, FL 33406

9. Name and Address of New Registered Agent

Name
G. Peter Reed, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1514 Perimeter Road
Suite, Apt. #, Etc.
Suite 106
City
West Palm Beach
State
FL
Zip Code
33406

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

G. Peter Reed, Jr.

REGISTERED AGENT MUST SIGN

Date 12/10/1999

11. This corporation owes 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:

G. Peter Reed, Jr.

President

12/10/1999

Date

561-616-7313

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR