


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

97 NOV -3 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *V45953*

1. Corporation Name  
*Mulder + Eastridge Economists, Inc.*

Principal Place of Business Mailing Address

*4613 West North A. Street / 4613 West North A Street*  
*Tampa, FL 33609 / Tampa, FL 33609*  
*US / US*

**REINSTATEMENT** *all-01*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida *6/25/1992*

5. FEI Number *59-3129167* 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
<i>D</i>	<i>Mulder, Brenda B</i>	<i>4613 W. North A Street</i>	<i>Tampa, FL 33609</i>
<i>D</i>	<i>Eastridge, Joyce H</i>	<i>4613 W. North A Street</i>	<i>Tampa, FL 33609</i>
			<i>300002339233--2</i>
			<i>-11/05/97--01089--007</i>
			<i>****915.00 ****915.00</i>

*11-4-97*

8. Name and Address of Current Registered Agent

*Mulder, Brenda B.*  
*4613 West North A Street*  
*Tampa, FL 33609*

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
*FL*

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 *Brenda Mulder* REGISTERED AGENT MUST SIGN Date *10/29/97*

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: *Brenda Mulder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Brenda Mulder*

Date *10/29/97* Daytime Phone # *(813) 286-1997*

CP2500 (12/96)