

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **Y5449**

1. Corporation Name

AUTOMATED FACILITIES MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**222 W. COMSTOCK AVENUE, SUITE 206
WINTER PARK, FLORIDA 32789**

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

2. New Principal Office Address, If Applicable
8207-52 SUN SPRINGS CIR.

3. New Mailing Office Address, If Applicable
SAME AS PRINCIPAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State

Zip **32825** Country **USA**

Zip Country

REINSTATEMENT

95-990

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/92

5. FEI Number

59-3138294

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	THOMAS W. CARNEY	8207-52 SUN SPRINGS CIR.	ORLANDO, FLORIDA 32825

**100003026141--5
-10/27/93--01048--012
***1500.00 ***1500.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**THOMAS W. CARNEY
8207-52 SUN SPRINGS CIR.
ORLANDO, FLORIDA 32825**

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

Thomas W. Carney

REGISTERED AGENT MUST SIGN

Date **10/20/99**

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.

KE

SIGNATURE:

Thomas W. Carney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS W. CARNEY, PRESIDENT

10/20/99
Date

(407) 658-6531
Daytime Phone #

CP2001 (12/98)