

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # V61658

1. Corporation Name

W. G. APPLGATE, INC.

Principal Place of Business

Mailing Address

**7795 PIPER LANE
LAKE WORTH FL 33463
US**

**7795 PIPER LANE
LAKE WORTH FL 33463
US**

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

REINSTATEMENT

FILED

96 NOV -4 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

4. Date Incorporated or Qualified To Do Business in Florida		09/03/1992
5. FEI Number	05-0957027	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		

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
D	APPLGATE, WILLIAM G	7795 PIPER LN	LAKE WORTH FL

600002000766-6
-11/08/96-01090-008
*****375.00 ***375.00**

JB 11-7-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**APPLGATE, WILLIAM G.
7795 PIPER LN
LAKE WORTH FL 33463**

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

[Signature]

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/31/96**

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:

[Signature]
WILLIAM G. APPLGATE

Date **10/31/96**

Daytime Phone # **561-790-8205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR