

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR -3 AM 9:41

DOCUMENT # P99000018743

1. Corporation Name

MEGAFILES INCORPORATED

2. Principal Office Address

11516 Forest Hills Dr

Suite, Apt. #, etc.

3. Mailing Office Address

11516 Forest Hills Dr

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33612

Country

USA

Zip

33612

Country

USA

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified To Do Business in Florida

2-25-1999

5. FEI Number

59-3569989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Earl Funderburk

Street Address (P.O. Box Number is Not Acceptable)

11516 Forest Hills Dr

Suite, Apt. #, Etc.

600003996346-1

-04/13/01--01026--001

\*\*\*300.75 \*\*\*\*900.75

City

Tampa

State

FL

Zip Code

33612

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Earl Funderburk*

REGISTERED AGENT MUST SIGN

Date 3-30-2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Kristine Funderburk	11516 Forest Hills Dr	Tampa FL 33612
P/D	Earl Funderburk	11516 Forest Hills Dr	Tampa FL 33612

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2001 Earl Funderburk

Date

(813) 340-2274

Daytime Phone #

CR2E01 (9/00)