

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 30 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000030275

1. Corporation Name

Exact Core, Inc.

600136489306
09/30/08--01030--008 **758.75

REINSTATEMENT 07-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1258 W Main Street

Suite, Apt. #, etc.

City & State

Wauchula, FL

Zip

33873

Country

USA

3. Mailing Office Address

PO Box 1340

Suite, Apt. #, etc.

City & State

Zolfo Springs, FL

Zip

33890

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2006

5. FEI Number

02-0726464

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

Veronica Barker

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

253 Georgetown Loop

Suite, Apt. #, Etc.

City

Wauchula

State

FL

Zip Code

33873

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Veronica Barker

Date

9/26/08

REGISTERED AGENT MUST SIGN

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
P	Addie Battle	253 Georgetown Loop	Wauchula, FL 33873
VP	Veronica Barker	253 Georgetown Loop	Wauchula, FL 33873

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 contained in Chapter 119, 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:

Addie Battle / Addie Battle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/08

Daytime Phone #

863-293-0920

CC 10/1