

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 28 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 547783

Corporation Name

PRIVATE i INC.

REINSTATEMENT 01-02

2. Principal Office Address

2420 NE 27th ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2420 NE 27th ST

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT FL

City & State

LIGHTHOUSE POINT FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-28-1977

5. FEI Number

59-1787200

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

JERRY ISAN

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

2420 NE 27th STREET

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT FL

State
FL

Zip Code

33064

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-21-2002

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
PD	JERRY ISAN	2420 NE 27 th STREET	LIGHTHOUSE POINT FL 33064
STD	BARBARA ISAN	2420 NE 27 th STREET	LIGHTHOUSE POINT FL 33064
VD	PHILIP ISAN	2420 NE 27 th STREET	LIGHTHOUSE POINT FL 33064
			655.00 - Adm
			101.25 - AR
			245/ 88.75 - ARsupp

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)(b), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
JERRY ISAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-2002

Date

9549439611

Daytime Phone #

CR2E001 (9/01)