

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR -3 AM 9:36:30.7
*****908.7

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
*****908.7

DOCUMENT # 591961

1. Corporation Name
2002 CORPORATION

2. Principal Office Address
711 East Colonial Drive

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip Country
32803 USA

3. Mailing Office Address
711 East Colonial Drive

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip Country
32803 USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida 11/01/78

5. FEI Number 59-1967204
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
Albert G. Hartog, Esq.
Street Address (P.O. Box Number is Not Acceptable)
709 East Colonial Drive
Suite, Apt. #, Etc.
City
Orlando.
State
FL
Zip Code
32803

100003238641-8
05/03/00-01150-008
*****908.75 *****908.75

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

Albert G. Hartog

REGISTERED AGENT MUST SIGN

Date 3/29

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/D	Ronald Hartog	8911 Jonathan Manor Drive	Orlando, FL 32819

100003238641-8
-05/03/00-01150-008
*****908.75 *****908.75

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:

Ronald Hartog
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Hartog

3/29/2000

(407)-896-6651
Daytime Phone #

CR2E081 (9/99)