PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000441

1. Corporation Name

INTERCEDE, INC.

Principal Place of Business	Mailing Address
PO BOX 488 PORT JEFFERSON NY 11777 US	PO BOX 488 PORT JEFFERSON NY 11777 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
6 ROOSEVELT AVE.
Suite, Apt. #, etc.
City & State: PORT JEFFERSON STA.
Zip 11776 Country US

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1992

5. FEI Number - 11-3125535 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
DCPT	BJURLOF, THOMAS	57 ROCKLEDGE PATH	PORT JEFFERSON NY 11777
		57 ROCKLEDGE PATH	
			000003480900---4
			-11/30/00-01023-017
			****750.00 ****750.00
		REINSTATEMENT 00 18	

8. Name and Address of Current Registered Agent

LANGFIELD, MICHAEL
2008 CHIPPEWA TRAIL
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name: ERIK H. VICK
Street Address (P.O. Box Number is Not Acceptable): 1030 SHOSHANNA DR.
Suite, Apt. #, Etc.
City: ORLANDO State: FL Zip Code: 32825

CR2E040 (8/00)

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] [illegible] REGISTERED
REGISTERED AGENT MUST SIGN
Date: 10/17/2000

11. 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: Thomas Bjurlof [illegible] OFFICER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/17/2000
Daytime Phone #: 631.642.2400

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