

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 OCT 25 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000356

1. Corporation Name

INSULCON COMPANY, INC.

Principal Place of Business

Mailing Address

10500 UNIVERSITY CTR DR
SUITE 155
TAMPA FL 33612
US

10500 UNIVERSITY CTR DR
SUITE 155
TAMPA FL 33612
US

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



REINSTATEMENT

CO

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3021146

Applied for

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MILLER, JAMES W	17811 HICKORY MOSS PL	TAMPA FL 33647
VP	GETZ, MICHAEL J	9407 HUNTERS POND DR	TAMPA FL 33647
S	MILLER, MARTHA S	17811 HICKORY MOSS PL	TAMPA FL 33647
			500003471875--4
			-11/21/00--01024--009
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GETZ, MICHAEL J~~
~~10500 UNIVERSITY CENTER DR~~
~~SUITE 155~~
~~TAMPA FL 33612~~

Name

VERNON L. MOSIER

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

10500 UNIVERSITY CENTER DR

Suite, Apt. #, Etc.

SUITE 155

City

Tampa

State

FL

Zip Code

33612

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 REQUIRED
James W Miller

Date 10/18/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
James W Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES W MILLER

Oct 18, 00 8139773098
Date Daytime Phone #

CR2E040 (800)