

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001154

1. Corporation Name

Statcorp, Inc.

2. Principal Office Address - No P.O. Box #
14476 Duval Place West

Suite, Apt. #, etc.

Suite 303

City & State

Jacksonville, FL

Zip

32218

Country

USA

3. Mailing Office Address

14476 Duval Place West

Suite, Apt. #, etc.

Suite 303

City & State

Jacksonville, FL

Zip

32218

Country

USA

7. Name and Address of Current Registered Agent

Name Corporate Access Inc

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

236 E. 6th Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1995

5. FEI Number
621377355

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

☐ 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

[Signature]

Date

3/9/10

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
c/ceo	Louis P. Scheps	11 Riverwalk	Branford, CT 06405
DVP	Andrew E. Kersey	12 Roxbury Lane	Wallingford, CT 06492
DVP/ITS	Jeffery A. Baird	764 N. Greenbrier Drive	Orange, CT 06477

REINSTATEMENT

10. E-mail Address: baird@casmed.com

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03.08.10 203.606.0441

Daytime Phone #