

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000000208

1. Corporation Name

ENSIG CORPORATION

Principal Place of Business

Mailing Address

~~1726 E. 7TH AVE~~
~~SUITE 18~~
~~TAMPA FL 33605~~
~~US~~

~~1726 E. 7TH AVE~~
~~SUITE 18~~
~~TAMPA FL 33605~~
~~US~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 176

P.O. Box 176

City & State

City & State

WYCOMBE PA

WYCOMBE PA

Zip

Country

Zip

Country

18980

USA

18980

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1996

5. FEI Number

59-3324086

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BENNETT, KIM D	1809 PRINCETON LAKES DR. #403 4188 TOWNSHIP LINE RD	BRANDON FL 33511 WYCOMBE PA 18980
			000004916110--2 -02/13/02-01082-011 *****300.00 *****300.00
			000004916110--2 -02/13/02-01082-012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENNETT, KIM D.
1809 PRINCETON LAKES DR. #403
BRANDON FL 33511

Name

MARGHA L. Miller

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

1850 PROVIDENCE LAKES BLVD

Suite, Apt. #, Etc.

910

City

BRANDON

State

FL

Zip Code

33511

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

Margha L. Miller

REGISTERED AGENT MUST SIGN

000004916110--2

-02/13/02-01082-012

*****8.75 *****8.75

Date

02/14/02

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:

Kim D. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/2002

Daytime Phone #

(215)
598-7542

CR2E040 (8/01)

1/26/02

Dear Sirs:

I have spoken to an examiner about reinstatement and fees. That was apparently returned as undeliverable during my company's relocation, so I did not receive the notice of dissolution & reinstatement application till now. Please waive the late fees, per the examiner. A check in the amount of \$300 is enclosed for reinstatement. Thank you.

Sincerely,

Ken D. Bennett

President, EnSig Corporation