

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 20 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004243

1. Corporation Name

COALESCENT TECHNOLOGIES CORPORATION

2. Principal Office Address

731 N Garland Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801-1002

Country

USA

3. Mailing Office Address

731 N Garland Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801-1002

Country

USA

600024247566
0/29/03--01015--021 **1200.00

REINSTATEMENT 00-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/19/96

5. FEI Number

59-3395628

Applied For

Not Apply

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee req
for a Certificate of Stat**

7. Name and Address of Current Registered Agent

Name

Robin C. Godber

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

731 N Garland Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801-1002

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

Robin C. Godber

REGISTERED AGENT MUST SIGN

Date **October 17, 2003**

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
DP	Kenneth N. Whitmore	731 N Garland Avenue	Orlando, FL 32801-1002
DVP	Robin C. Godber	731 N Garland Avenue	Orlando, FL 32801-1002

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:

Robin C. Godber

Robin C. Godber, VP 10/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-839-1980 x221