

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000001713**

1. Corporation Name

FUSION CAPITAL CORP.

Principal Place of Business

906 LARSON DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address

906 LARSON DRIVE
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1998

5. FEI Number

59-3320336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	CLARKE, REGINALD L	906 LARSON DRIVE	ALTAMONTE SPRINGS FL 32714

300038107333
06/21/04--01014--005 **150.00
300038107333
07/20/04--01003--001 **150.00

8. Name and Address of Current Registered Agent

CLARKE, REGINALD L
906 LARSON DRIVE
ALTAMONTE-SPRINGS FL-32714

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **6-17-04**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-04

Date

407-331-3691

Daytime Phone #

2042

FUSION CAPITAL

P. O. Box 160219
Altamonte Springs, FL 32716-0219
407-331-3691 Fax: 407-261-0514
rclarke@spinsx.com

June 16, 2004

Department Of State Division Of Corporations

P. O. Box 6327

Tallahassee FL 32314

Re: Application for Reinstatement

DOC #F98000001713

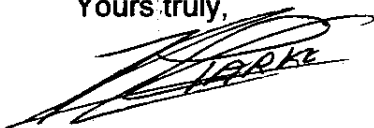
Fusion Capital Corp.

Please find attached our signed application for reinstatement along with our check for \$150.00.

As registered agent and president of the corporation, I never received two prior Uniform business report notices.

Thank you for your attention.

Yours truly,



Reginald L. Clarke
President & Registered Agent
For Fusion Capital Corp.

RLC/gr

2 Attachments