

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 NOV 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002530

1. Corporation Name

TRACSTAR, INC.

Principal Place of Business

Mailing Address

2907 WEST BAY DRIVE
BELLEAIR BLUFFS FL 34640

2907 WEST BAY DRIVE
BELLEAIR BLUFFS FL 34640

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

2. New Principal Office Address, If Applicable

~~1704 Clearwater Largo Rd~~

3. New Mailing Office Address, If Applicable

~~1704 Clearwater Largo Rd~~

Suite, Apt. #, etc.

~~F1 + F2~~

Suite, Apt. #, etc.

~~Suite F1 + F2~~

City & State

~~Clearwater, FL~~

City & State

~~Clearwater, FL~~

Zip

~~33756~~

Country

Zip

~~33756~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1998

5. FEI Number

88-0357167

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	DI PALO, MAURO A	1340 GULF BLVD, #14A	CLEARWATER FL 34630
T	DI PALO, VICTORIA M	1340 GULF BLVD, #14A	CLEARWATER FL 34630
V	KITT, JAMES T	9425 BLIND PASS RD, #1205	ST PETE BEACH FL 33706
			100003487861--0 -12/05/00--01071--020 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

DI PALO, MAURO A
2907 WEST BAY DRIVE
BELLEAIR BLUFFS FL 34640

9. Name and Address of New Registered Agent

Name

~~DI PALO, MAURO A~~

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

~~1704 Clearwater Largo Rd~~

Suite, Apt. #, Etc.

~~Suite F1 + F2~~

City

~~Clearwater~~

State

~~FL~~

Zip Code

~~33756~~

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

~~MAURO A DI PALO~~
REGISTERED AGENT MUST SIGN

Date

~~11/14/2000~~

Nov. 14, 2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~MAURO A DI PALO~~ President
REGISTERED AGENT MUST SIGN

Date

11/14/2000

Daytime Phone #

727-499-9440