PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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F98000002530

1. Corporation Name

TRACSTAR, INC.

Principal Place of Business

SUITE F1 & F2

Mailing Address

1704 CLEARWATER LARGO ROAD 1704 CLEARWATER LARGO ROAD

SUITE F1 & F2 CLEARWATER FL 33756 CLEARWATER FL 33756



FILED

02 OCT 29 PM 12: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

U\$ 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 Date Incorporated or Qualified To Do Business in Florida 05/04/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 88-0357167 City & State City & State Not Applicable Zip Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director Ρ DI PALO, MAURO A 1340 GULF BLVD, #14A CLEARWATER FL 34630 ٧ KITT, JAMES T 9425 BLIND PASS RD. #1205 ST PETE BEACH FL 33706 80|0008642668 10/29|02--01019--020 **750.00 8. Name and Address of Current Registered Agent 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 ROAD SUITE F1 & F2 Suite, Apt. #, Etc. **CLEARWATER FL 33756** 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

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.

Date 10-25-20-2