

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 429432

1. Corporation Name

CONCEPT 3 Services, inc

000022371130  
10/21/03--01030--014 \*\*291.25

2. Principal Office Address

2085 CR 740 #130

3. Mailing Office Address

PO BOX 804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Webster, FL

City & State

Webster FL

Zip

33597

Country

US

Zip

33597

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

1983

5. FEI Number

59-2475240

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

**7. Name and Address of Current Registered Agent**

Name

Robert A. Kapherr

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

2085 CR 740 #130

Suite, Apt. #, Etc.

City

Webster, FL

State

FL

Zip Code

33597

000022371130  
08/18/03--01022--012 \*\*758.75

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

Robert A. Kapherr

Date 8-13-03

REGISTERED AGENT MUST SIGN

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
Pres	Robert A. Kapherr	2085 CR 740 #130	Webster, FL 33597

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:

Robert A. Kapherr

Date

8-13-03

Daytime Phone #

352-569-0700