

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 12 AM 11:24

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48940

1. Corporation Name

CIRATCO, INC.

Principal Place of Business

13397 LAMIRADA CIRCLE
WEST PALM BEACH FL 33414

Mailing Address

13397 LAMIRADA CIRCLE
WEST PALM BEACH FL 33414

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

2. New Principal Office Address, If Applicable

Mike Cirillo
Suite, Apt. #, etc.
13691 Yarmouth Ct #D
City & State
Wellington FL
Zip
33414
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1986

5. FEI Number

59-2745680

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$2.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	ATKINS, RODNEY W.	13397 LAMIRADA CIRCLE	WEST PALM BEACH FL
D	ATKINS, RODNEY W.	13397 LAMIRADA CIRCLE	WEST PALM BEACH FL
PST	ATKINS, Rodney W	13397 LA Mirada Cr	West Palm Beach FL
V-P	Cirillo, MICHAEL A	13691 Yarmouth Ct #D	Wellington FL
REINSTATEMENT 98-99 52 1-13-99			

8. Name and Address of Current Registered Agent

ATKINS, RODNEY W.
13397 LAMIRADA CIRCLE
WEST PALM BEACH FL 33414

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-11-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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
Rodney W Atkins

Date 1-11-99

Daytime Phone # 561 791 6922

CR2E040 (9/98)