

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 29 AM 9:16

DOCUMENT #

1. Corporation Name

Response Technologies Corporation

2. Principal Office Address

2135 W. Leewyn

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34240

Country

USA

3. Mailing Office Address

2135 W. Leewyn

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34240

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Theodore C. Eastmoore

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

1777 Main Street

Suite, Apt. #, Etc.

5th Floor

City

Sarasota

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date

12-28-05

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
P/D	Douglas Wolfe	2135 W. Leewyn Dr.	Sarasota, FL 34230
VP/D	James S. Coffin	5727 Forester Pine Crt.	Sarasota, FL 34243
S/T	Bette Ann Wolfe	2135 W. Leewyn Dr.	Sarasota, FL 34240
D	Theodore C. Eastmoore	1777 Main St. 5th Flr.	Sarasota, FL 34236

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-28-05 941-378-5134

121300