

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K97596**

1. Corporation Name

GEO. INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

C/O CAROL A. GEORGE
126 WILLOW POND LANE
PONTE VEDRA BCH FL 32082
US

C/O CAROL A. GEORGE
126 WILLOW POND LANE
PONTE VEDRA BCH FL 32082
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 | 4 City / State / Zip |
|------------|-------------------------------------|--|-----------------------------|
| VSD | GEORGE, CAROL A | 126 WILLOW POND LANE | PONTE VEDRA BEACH FL 32082 |
| VD | GEORGE, DOUGLAS N | 126 WILLOW POND LANE | PONTE VEDRA BEACH FL |
| TD | GEORGE, KAREN E. | 126 WILLOW POND LANE | PONTE VEDRA BEACH FL |
| PCD | GEORGE, VICTOR M. | 126 WILLOW POND LANE | PONTE VEDRA BEACH, FL 32082 |
| | | | 100003061021--S. |
| | | | 12/06/99 01013 021 |
| | | | ****758.75 ****758.75 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEORGE, CAROL A.
126 WILLOW POND LANE
PONTE VEDRA BCH. FL 32082

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Carol A. George
REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/13/99**

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:

Victor M. George
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICTOR M. GEORGE

OCT 13, 1999 (904) 285-1694
Date Daytime Phone #

FILED

99 NOV 19 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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4. Date Incorporated or Qualified To Do Business in Florida

06/20/1989

5. FEI Number

60-2954650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ State of Florida

SP

CR25940 (8/99)