1/92

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
98 FEB 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10575

1. Corporation Name ForceTek Holding Inc.

Principal Place of Business / Mailing Address
2110 S. Coast Hwy. Suite H.
Oceanside, CA 92054

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

**REINSTATEMENT** 91-98

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| N/A | N/A |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: Aug. 22, 1989

5. FEI Number: 59-3410130 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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 |
|---|---|---|---|
| Pres. Dir. | Tori Morgan | 1000 Tamquitz Cny. Way | Palm Spgs, CA 92262 |
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| | | | |
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| | | | |

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2-24-98

8. Name and Address of Current Registered Agent

Randy Brasmer
417 Whooping Loop, Ste. 1737
Alta Monte Springs, FL 32701

9. Name and Address of New Registered Agent

Name: Tori Morgan
Street Address (P.O. Box Number is Not Acceptable): 417 Whooping Loop, Suite 1737
Suite, Apt. #, Etc.:
City: Altamonte Springs | State: FL | Zip Code: 32701

CR2E040 (10/96)

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: Tori Morgan — Date: 2/20/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Tori Morgan — 2/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2982

THE UNITED STATES CORPORATION COMPANY

# RESUBMIT

ACCOUNT NO. : 072100000032 **Please give original submission date as file date.**

REFERENCE : 715306 — 7145591

AUTHORIZATION : Patricia Pyatt

COST LIMIT : $ 900.00

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ORDER DATE : February 23, 1998

ORDER TIME : 10:31 AM

ORDER NO. : 715306-005

CUSTOMER NO: 7145591

CUSTOMER: Mr. Bill Whitaker
Bill Whitaker
100 Schoiz Plaza, #ph12

Newport Beach, CA 92663

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DOMESTIC FILINGS

NAME: FORCETEK HOLDING INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS VB 2-23-98

98 FEB 23 AM 11:29
RECEIVED
DIVISION OF CORPORATIONS