

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L41037

1. Corporation Name

CIRCUIT SCAN, INC.

Principal Place of Business

5048 E STEVENSON CT
4370 EAST LAKE PARK DRIVE
INVERNESS FL 34452
US

Mailing Address

5048 E STEVENSON CT
4370 EAST LAKE PARK DRIVE
INVERNESS FL 34452
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

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1990

5. FEI Number

59-2987031

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
D	THOMPSON, MICHAEL R.	5048 E STEVENSON CT	INVERNESS FL
D	THOMPSON, JUNE	5048 E STEVENSON CT	INVERNESS FL

500002376945--3
-12/18/97--01100--017
****165.00 ****165.00

A. Alan
12/15/97

8. Name and Address of Current Registered Agent

MYERS, PATRICIA M.
7655 W. GULF TO LAKE HWY., SUITE #12
CRYSTAL RIVER FL 32629

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

Patricia M. Myers

REGISTERED AGENT MUST SIGN

Date 12-11-97

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:

Michael R. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-97
Date

Daytime Phone #

CR2E040 (8/97)

(2)

Dear FLORIDA Department of State

THE 1ST AND 2ND notices
of informing corporations of dissolved-
revoked status were not recieved
AT THIS OFFICE, they were sent to a
wrong ADDRESS. After a call to your
office, AND INSTRUCTIONS given enclosed
is A check for \$165.00

THANK you
Michael Thompson