

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUN 18 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001683

1. Corporation Name

ITFlorida.com

2. Principal Office Address

1700 Summit Lake Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

USA

3. Mailing Office Address

1700 Summit Lake Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

USA

900021295509  
07/03/03--01018--014--\*\*297.50

**REINSTATEMENT**

82-03

4. Date incorporated or Qualified  
To Do Business in Florida

March 9, 2001

5. FEI Number

59-3753472

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

Richard S. Kearney

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

1700 Summit Lake Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

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

*Richard S. Kearney*

REGISTERED AGENT MUST SIGN

Date 6/17/03

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
C/S	Richard S. Kearney	1700 Summit Lake Drive	Tallahassee, FL 32317
✓	Beverly Kitacka	12901 Science Drive	Orlando, FL 32826
T	Leigh Rothschild	800 Corporate Drive, Suite 600	Ft. Lauderdale, FL 33334

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:

*Richard S. Kearney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/03

Date

850-219-5221

Daytime Phone #

CR2081 (10/02)