

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000003105

1. Corporation Name

Read On! Inc.

2. Principal Office Address - No P.O. Box #

638 High Street

3. Mailing Office Address

638 High Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

REINSTATEMENT

06-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 2004

5. FEI Number
200-928689

☒ 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

Charles Garcia

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

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

Charles Garcia

REGISTERED AGENT MUST SIGN

Date 7/16/2010

100183441831
07/20/10--01002--008 **490.00

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	Charles Garcia	638 High Street	Boca Raton, FL 33432
T/D	Cristina Avila	638 High Street	Boca Raton, FL 33432
S/D	George Burden	1119 Jacaranda Ave.	Daytona Beach, FL 32118

10. E-mail Address: cpgsterling@hotmail.com

(To be used for future annual report notification)

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. I further certify 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:

Charles Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 2010 561 544 6999

Date

Daytime Phone #