

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000001459

1. Corporation Name

EXPERIMENTAL SKELETON, INC

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

112 N.MULRENNAN RD

Suite, Apt. #, etc.

City & State

VALRICO, FL

Zip

33594

Country

USA

3. Mailing Office Address

112 N.MULRENNAN RD

Suite, Apt. #, etc.

City & State

VALRICO, FL

Zip

33594

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/11/2005

5. FFI Number
20-2345349

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BOB DORSEY

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

112 N.MULRENNAN RD

Suite, Apt. #, etc.

City
VALRICO

State
FL

Zip Code
33594

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

700114734057

01/11/08-01004-010 *\$188.75

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

REGISTERED AGENT MUST SIGN

Date 1/07/08

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
DIR/ PRES	JOE GRIFFITH	2929 N. 15TH STREET	TAMPA, FL 33605
DIR	BOB DORSEY	112 N.MULRENNAN RD	VALRICO, FL 33594
DIR/ SEC	KYM O'DONNELL	2929 N. 15TH STREET	TAMPA, FL 33605
DIR/VP	BRIAN M. TAYLOR	918 E. SAINT CLAIR STREET	TAMPA, FL 33605
DIR/TR	ANN-ELIZA MUSOKE TAYLOR	918 E. SAINT CLAIR STREET	TAMPA, FL 33605

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 contained in Chapter 119, 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:

BOB DORSEY

1/07/08

813-681-7685