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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

01 JUL 25 AM 9:21

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # N97000002283**
DIP SYNC, INC.
2708 Durant Road
Valrico, FL 33594

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address **300004537083--T**
-08/16/01--01011--007

City and State *****358.75 ***358.75**

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida
04/23/1997

4. FEI Number

Applied for (attached)

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required
for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
D	HANCOCK, JEANA	2708 Durant Road	Valrico, FL 33594
D	VARNUM, FREIDA	2708 Durant Road	Valrico, FL 33594
D	SIMMONS, PAMELA	2708 Durant Road	Valrico, FL 33594

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HANCOCK, JEANA V.
2708 Durant Road
Valrico, FL 33594

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

FL.

9. 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

Jeana Hancock

REGISTERED AGENT MUST SIGN

Date

7/25/01

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Jeana V. Hancock

Date

7/25/01

Daytime Phone #

813/689-1113

Typed or printed name of signing officer or director

Jeana V. Hancock, Director

CR2E040 (8/92)