

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -6 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003283

1. Corporation Name

RESPOND INC.

800005556188--2
-05/17/02--01009--024
****297.50 ****297.50

REINSTATEMENT 01-02

2. Principal Office Address

2411 Jergensen Dr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 608608

Suite, Apt. #, etc.

City & State

Orlando FL 32801

Zip 32801

Country
USA

City & State

ORLANDO FL

Zip

32860

Country

USA

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

6/6/1997

5. FEI Number

59-3456635

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

SUSAN J. WILLIAMS, P.A.

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

5200 S US HIGHWAY 17-92

Suite, Apt. #, Etc.

City

CASSELBERRY

State
FL

Zip Code
32707

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

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
PD	BROWN, CLINT S.	2411 Jergenson Dr	Orlando FL 32801
VD	BAUM, TERRY D.	2411 Jergenson Dr	Orlando FL 32801
STD	PAYNE, STEPHANIE	2411 Jergenson Dr	Orlando FL 32801
D	BROWN, ANGIE	2411 Jergenson Dr	Orlando FL 32801
D	MOORE, DAMON	2411 Jergenson Dr	Orlando FL 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie Payne/Sec.

Date

Daytime Phone #

5/2/02

407-270-8888

28 5/13/02

Susan J. Williams, P.A.

A Professional Association

Attorney and Counselor at Law

Phone: (407) 831-8995

5200 S. U.S. Highway 17-92
Casselberry, Florida 32707

Fax: (407) 831-8836

TRANSMITTAL MEMO

DATE: May 2, 2002
TO: Reinstatement Clerk
FROM: Susan J. Williams, Esquire
SUBJECT: Respond, Inc.

Enclosed please find our application for Reinstatement of Respond, Inc.

Additionally, enclosed is our client's check for Reinstatement in the amount of \$297.50:
(\$61.25 for 2001) (\$61.25 for 2002) (\$175.00 for Reinstatement).

Please contact us if you should have any questions or concerns.