

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 20 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006996

1. Corporation Name

Sprint 4 Mankind, Inc.

400066256574

02/21/06--01019--028 **306.25

REINSTATEMENT 02-06

CR2E081 (12/05)

2. Principal Office Address

530 E. Olympia Ave

Suite, Apt. #, etc.

112

City & State

Punta Gorda, FL.

Zip

33950

Country

USA

3. Mailing Office Address

530 E. Olympia Ave

Suite, Apt. #, etc.

112

City & State

Punta Gorda, FL

Zip

33950

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 9th, 1998

5. FEI Number

65-0884397

☒ 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

Mackenzie Kendall Young

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

9230 Falcon Ct.

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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

Mackenzie Kendall Young

Date 2-1-06

REGISTERED AGENT MUST SIGN

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
<u>Pres</u>	<u>William O. Bartruff</u>	<u>9230 Falcon Ct.</u>	<u>Venice, FL 34293</u>
<u>VP/sec</u>	<u>Jane Bartruff</u>	<u>7314 Westmoreland Dr.</u>	<u>Sarasota, FL 34243</u>
<u>Treas</u>	<u>Shannon Miles</u>	<u>1345 Easton Dr.</u>	<u>Lakeland, FL 33803</u>

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:

William O. Bartruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06 (941) 915-7101
Date Daytime Phone #

2-03-06

To whom it may concern,

In the year 2002 our company did not receive our annual Corporate report notice from the state. We request that the reinstatement fee be waived and our corporation be put back into active status.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'William Owen Bartruff', with a long horizontal stroke extending to the right.

William Owen Bartruff
President
Sprint 4 Mankind, Inc.