

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 FEB 14 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000014388**

1. Corporation Name

SEM Hosting, Inc.

2. Principal Office Address

4410 Plumosa St.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34607

Country

USA

3. Mailing Office Address

4410 Plumosa St.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34607

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/2000

5. FEI Number

☒ 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

Glen McCausland

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

4410 Plumosa St.

Suite, Apt. #, Etc.

City

Spring Hill

State
FL

Zip Code
34607

400005072204--6

03/08/02 01011 021

****900.00 ****900.00

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

2-11-02

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.	Glen McCausland	4410 Plumosa St.	Spring Hill, FL 34607
Dir.	Chris Rad	12342-B FM 620	Austin, TX 78750
Dir.	Duncan A. R. Black	6605 Augusta National Dr.	Austin, TX 78746

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)(l), 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

Date

2-11-02

(352) 596-5705

Daytime Phone #

CR2E081 (9/01)