

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
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DOCUMENT # P00000025804

1. Corporation Name

PRACTICODE, INC.

Principal Place of Business

14199 ORANGE BLVD.
LOHACHATCHEE FL 33470

Mailing Address

14199 ORANGE BLVD.
LOHACHATCHEE FL 33470



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16433 E. Cheltenham Dr
Suite, Apt. #, etc.
Lohachatchee, FL 33470
City & State

3. New Mailing Office Address, If Applicable

Pm B252
Suite, Apt. #, etc.
1128 Royal Palm Beach Blvd
City & State
Royal Palm Bch, FL
Zip
33411
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2000

5. FEI Number

36-4352620

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEFF, JULIA	14199 ORANGE BLVD.	LOHACHATCHEE FL 33470
D	BAYNE, ED	14199 ORANGE BLVD.	LOHACHATCHEE FL 33470

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***900.00 ***900.00

8. Name and Address of Current Registered Agent

NETWORK
CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. 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

Stephen Samuel
REGISTERED AGENT MUST SIGN
S. Samuel, VP of Corporate Creations Network, Inc. 1/16/02
Date

11. 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

Date

1/10/02 (561) 601-8269
Daytime Phone #

CR2E040 (8/01)