

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 24 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000030454

1. Corporation Name

SUBMISSION METHODS, INC.

*[Signature]*

Principal Place of Business

Mailing Address

~~RICHARD SLAVIN, ESQ.~~  
~~1115 BROAD ST.~~  
~~BRIDGEPORT CT 06604~~

25120 RIDGE OAK DR.  
BONITA SPRINGS FL 34134

~~RICHARD SLAVIN, ESQ.~~  
~~1115 BROAD ST.~~  
~~BRIDGEPORT CT 06604~~

25120 RIDGE OAK DRIVE  
BONITA SPRINGS FL 34134



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

25120 RIDGE OAK DR.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

25120 RIDGE OAK DR.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/24/2000

5. FEI Number

65-1009675

Applied For

Not Applicable

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

Zip

34134

Country

USA

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
2ND PTD	LEWIS, KENNETH A	25120 RIDGE OAK DR.	BONITA SPRINGS FL 34134
S	SLAVIN, RICHARD	1115 BROAD STREET	BRIDGEPORT CT 06604

608024058476  
10/24/03--01005--015 \*\*758.75

8. Name and Address of Current Registered Agent

LEWIS, KENNETH  
25120 RIDGE OAK DRIVE  
BONITA SPRINGS FL 34134

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/21/03

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

10/21/03

Daytime Phone #

239-498-2257

CR2E040 (7/03)