

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 10 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P0000034571*

1. Corporation Name
Tubefit, Inc.

2. Principal Office Address
11101 So. Crown Way

Suite, Apt. #, etc.
Suite 7

City & State
Wellington, FL

Zip Country
33414 U.S.A.

3. Mailing Office Address
11101 So. Crown Way

Suite, Apt. #, etc.
Suite 7

City & State
Wellington, FL

Zip Country
33414 U.S.A.

REINSTATEMENT *02-04*

4. Date Incorporated or Qualified
To Do Business in Florida April 1, 2000

5. FEI Number
65-0998424

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
Roger T. Mehok

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

Suite, Apt. #, Etc.

City
Wellington

State Zip Code
FL 33414

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 *Roger T. Mehok*

REGISTERED AGENT MUST SIGN

Date March 3, 2004

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
P	Roger T. Mehok	92 Pacer Circle	Wellington, FL 33414

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: *Roger T. Mehok* ROGER T. MEHOK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/04 561-795-5202

Daytime Phone #

CR2E001 (01/04)