

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000046252

1. Corporation Name

MR OAK.COM, INC.

Principal Place of Business

39857 US 19 N
CLEARWATER FL 33761
US

Mailing Address

39857 US 19 N
CLEARWATER FL 33761
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2000

5. FEI Number

59-3644199

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	PICHETTE, STEVEN LEO	3523 BEECHWOOD TERRACE	PINELLAS PARK FL 33781
D	THOMAS, JOHN FLOREY	5015 BILINGS DR	HOLIDAY FL 34690

000008645870
10/29/02--01043--024 **150.00

8. Name and Address of Current Registered Agent

THOMAS, JOHN
29857 US 19 N
CLEARWATER FL 33761

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-24-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

727-781-6251

Daytime Phone #

CR20040 (8/02)

20f2

MROAK.COM

29857 US 19 N
Clearwater, Fl 33761

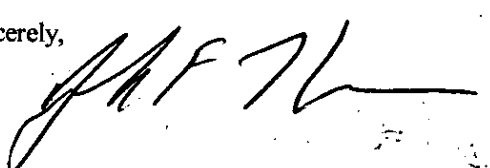
727-781-6251
727-781-4202-fax
www.mroak.com

October 25, 2002

Dear Friend,

This letter is in response to your request for a application reinstatement fee. We have never received the original request or any other requests for a reinstatement of our corporation. enclosed is the \$150.00 corporation fee that would have been paid if proper paperwork had been received by us. Thank you for your cooperation in this matter.

Sincerely,



Signature
john Thomas mr oak