

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000063306

1. Corporation Name

TouchPoll Inc.

1870 Aloma Ave.

2. Principal Office Address

1870 Aloma Ave.

Suite, Apt. #, etc.

Suite 260

City & State

Winter Park, FL

Zip

32789

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

32789

Country

FILED
04 OCT 25 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

300042165673
10/25/04--01082--024 **750.00

4. Date Incorporated or Qualified

To Do Business in Florida June 29, 2000

5. FEI Number

59-3679061

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

Alton C. Loudermilk

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

774 Pennsylvania Ave

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Alton C. Loudermilk
REGISTERED AGENT MUST SIGN

Date

10/21/04

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
Chairman	Alton C. Loudermilk	774 Pennsylvania Ave.	Winter Park, FL 32789
VP	Jason Crawford	4235 Conway Place Cir.	Orlando, FL 32812

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:

Alton C. Loudermilk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/04 407-647-7655

Daytime Phone #

CR2E081 (01/04)