

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 26 PM 5:29

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000063705

1. Corporation Name

AGONSYS CORP.

Principal Place of Business

1425 NORTHEAST 7TH TERRACE  
GAINESVILLE FL 32601

Mailing Address

1425 NORTHEAST 7TH TERRACE  
GAINESVILLE FL 32601

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

06/30/2000

5. FEI Number

59-3655226

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
PD	CASAL, MARCUS A	1425 NORTHEAST 7TH TERRACE	GAINESVILLE FL 32601
VD	RINNE, CRAIG T	1425 NORTHEAST 7TH TERRACE	GAINESVILLE FL 32601
VD	ANDERSON, SONYA L	1425 NORTHEAST 7TH TERRACE	GAINESVILLE FL 32601
SD	GOODWIN, JONATHAN C	1425 NORTHEAST 7TH TERRACE	GAINESVILLE FL 32601
TD	DILGER, C. BRADLEY	1425 NORTHEAST 7TH TERRACE	GAINESVILLE FL 32601
D	NUNN, ERICH	1425 NORTHEAST 7TH TERRACE	GAINESVILLE FL 32601

8. Name and Address of Current Registered Agent

GODWIN, JONATHAN C  
1425 NE 7TH TERRACE  
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

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

400009246194

Suite, Apt. #, Etc.

11/27/02--01098--003 \*\*750.00

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

11/16/02

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 JONATHAN GOODWIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/02 352.271.0977

CR2E040 (8/02)