

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 FEB -7 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000086757

1. Corporation Name

FIBER FLAME TECHNOLOGY, INC.

Principal Place of Business

1100 COMMERCIAL BLVD., UNIT 106
NAPLES FL 34104

Mailing Address

1100 COMMERCIAL BLVD., UNIT 106
NAPLES FL 34104



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/2000

5. FEI Number

APPLIED FOR

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

P

CORRY, ARTHUR A

6832 TRAN BLVD N

NAPLES FL 34108

VP

NEWSOME, WAYNE

152 CONNORS AVE

NAPLES FL 34108

ST

CORRY, GRETA

6832 TRAL BLVD

NAPLES FL 34108

700011918017
02/07/03--01019--002 **300.00

8. Name and Address of Current Registered Agent

BEAVIN, KAREN S
307 AIRPORT RD. NORTH
NAPLES FL 33942

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

CP2E040 (8/02)

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. 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
ARTHUR A CORRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 5662806

3 Feb 2003

FIBER FLAME TECHNOLOGY INC.

1100 Commercial Blvd

Naples

FL 34104.

Tele 941 566 2806 E mail FiberFlame@aol.com.

FLORIDA DEPARTMENT OF STATE

Division of State

PO Box 6327

Tall FL

32314.

4 Feb 2003

Sir,

I have enclosed a cheque in the amount of \$300.00 for reinstatement of Fiber Flame Technology Inc a small technology research company, would you kindly excused my fault being a English man who was not familiar with this Florida tax, I will see to the future payment in good time and assure you of my best attention.

Thank you in anticipation.

Respectfully submitted

Arthur A. Corry