

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 19 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088264

1. Corporation Name

Layton Technology, Inc.

2. Principal Office Address

8875 Hidden River Parkway

3. Mailing Office Address

8875 Hidden River Parkway

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33637

Country

USA

Zip

33637

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593672412

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

Richard A. Jacobson

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

501 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 1700

City

Tampa

State

FL

Zip Code

33602

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

Date

2/7/03

REGISTERED AGENT MUST SIGN

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
PST	Robert Ward	8875 Hidden River Parkway, Ste. 300	Tampa, FL 33637
D VP	Christopher Drew	8875 Hidden River Parkway, Ste. 300	Tampa, FL 33637
Asst S	Richard A. Jacobson	501 E. Kennedy Blvd., Ste. 1700	Tampa, FL 33602

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:

Richard A. Jacobson, Asst Secy 2/7/03

813/222-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)