

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090347

1. Corporation Name

SOURCEONE, INC.

Principal Place of Business

Mailing Address

12000 N. PACE MABRY HWY  
264  
TAMPA FL 33618

12000 N. PACE MABRY HWY  
264  
TAMPA FL 33618



700023881667  
10/17/03--01030--018 \*\*150.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12000 N. Dale Mabry Hwy #264

12000 N. Dale Mabry Hwy Suite 264

City & State

City & State

Tampa, FL

Tampa, FL

Zip 33618

Country USA

Zip 33618

Country USA

5. FEI Number

59-3666239

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	WILLIAMS, MICHAEL	18179 SANDY POINT DR	TAMPA FL 33647

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, MICHAEL  
18179 SANDY POINTE DRIVE  
TAMPA FL 33647

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]*

Date 10/10/03

REGISTERED AGENT MUST SIGN

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 (813) 927-1763  
Date Daytime Phone #

CR2E040 (7/03)

2012



Friday, October 10, 2003

To Whom It May Concern:

This letter is to request that the reinstatement fee for SourceOne, Inc. (Document # 00000090347) be waived due to the fact that we had not received our 2003 Uniform Business Report. I believe this may have been due to the fact that there was an errand address on the form. The new address has been listed, and this issue should be resolved. If you have any question feel free to contact me at the number listed below.

Regards,

Michael A. Williams, Owner  
SourceOne, Inc.  
12000 N. Dale Mabry Hwy. Suite 264  
Tampa, FL 33618  
(813) 963-1130 – Office  
(813) 927-1763 – Mobile