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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

DOCUMENT # P00000093327

1. Corporation Name

EnFocus, INC.

2. Principal Office Address

3411 Carlotta Street

Suite, Apt. #, etc.

City & State

Pensacola

Zip

32503-4355

Country

USA

3. Mailing Office Address

3411 Carlotta Street

Suite, Apt. #, etc.

City & State

Pensacola

Zip

32503-4355

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 2000

5. FEI Number
59-3623417

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
MRS

7. Name and Address of Current Registered Agent

Name

Susan E. Wesler

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

3411 Carlotta Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503-4355

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

Susan E. Wesler

Date 4-21-2004

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
PCD	Susan E. Wesler	3411 Carlotta Street	Pensacola, FL 32503-4355
VD	Charles M. Smith	10090 Scenic Hwy	Pensacola, FL 32514
STD	Michael F. Frick	302 Shoreline Dr.	Gulf Breeze, FL 32561

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:

Susan E. Wesler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2004

Date

850-433-7437

Daytime Phone #

CR25081 (01/04)

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3411 Carlotta Street ~ Pensacola, Florida 32503 ~ 850-433-7437

May 11, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is my form for reinstatement of my corporation which was dissolved for failure to file my annual return in 2003. I am respectfully requesting a waiver of the reinstatement fee because I did not receive any original or second notice forms for the 2003 year.

You are currently holding my check for \$308.75 which includes \$150.00 for years 2003 and 2004 and \$8.75 for a certificate of status. My reinstatement application was returned to me for signature on the registered agent line along with your letter number: 304A00030137.

Thank you for your consideration in this matter.

Respectfully submitted,

Susan E. Wesler