

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION

06 OCT -5 PM 3:54

DOCUMENT #

1. Corporation Name

00000108175  
IN Touch Custom Software

REINSTATEMENT

05-06

CR2E081 (12/05)

2. Principal Office Address

20533 Biscayne Blvd

Suite, Apt. #, etc.

212

City & State

Aventura

Zip

33180

Country

USA

3. Mailing Office Address

20533 Biscayne Blvd

Suite, Apt. #, etc.

212

City & State

Florida

Zip

33180

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2000

5. FEI Number

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

Kevin Holloway

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

20533 Biscayne Blvd

Suite, Apt. #, Etc.

212

City

Aventura

State

FL

Zip Code

33180

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 9/30/06

**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
Pres	Kevin Holloway	84 CR 536	Bushnell FL 33511
VP	Keshie Campbell	84 CR 536	Bushnell, FL 33512
Sec Treas	Jennifer Holloway	96 CR 536	Bushnell, FL 33513

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/06 352  
3036112  
Date Daytime Phone #