

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 SEP 17 AM 8:00

DOCUMENT # P01000027658

1. Corporation Name

Voltage Properties, Inc.

665 Lake Stone Circle
665 Lake Stone Circle

2. Principal Office Address

665 Lake Stone Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

3. Mailing Office Address

665 Lake Stone Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

REINSTATEMENT 02-04

100041121491
09/17/04--01050--006 **1050.00

4. Date Incorporated or Qualified

→ To Do Business in Florida March 16, 2001

5. FEI Number

59-3709879

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

Michael B. O'Brien

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

665 Lake Stone Circle

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

REGISTERED AGENT MUST SIGN

Date

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
Director	Michael B. O'Brien	665 Lake Stone Circle	Ponte Vedra Beach, FL 32082
Director	Marla M. O'Brien	665 Lake Stone Circle	Ponte Vedra Beach, FL 32082

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)