

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 21 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000065253**

1. Corporation Name **OFTS CORP**

2. Principal Office Address

1290 GULF BLVD.

Suite, Apt. #, etc.

201

City & State

CLEARWATER, FL.

Zip

33767

Country

USA

3. Mailing Office Address

1290 GULF BLVD

Suite, Apt. #, etc.

201

City & State

CLEARWATER, FL

Zip

33767

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/01

5. FEI Number

593729149

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

D. Sheele

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

1290 GULF BLVD #201

Suite, Apt. #, Etc.

201

City

CLEARWATER

State

FL

Zip Code

33767

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

Donald D Sheele

REGISTERED AGENT MUST SIGN

Date **12/20/06**

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
P	Donald D. Sheele	1290 GULF BLVD #201	CLEARWATER, FL 33767
	12/21		

300092709413
12/21/06--01036--006 **600.00

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

Donald D Sheele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/06 727.644.5644

Date

Daytime Phone #

1290 GULF BLVD #201
CLEARWATER, FL 33767
12/20/06

TO Whom IT MAY CONCERN

Enclosed is a check for \$600 - payment
for OFTS, Corp. Reinstatement. I did
not receive the form for 2003 because
it was not forwarded to my new
address. Please waive the \$600 penalty
for being late.

Thank you for your consideration

D Sheelen

OFTS Corp,

1290 GULF BLVD #201

Clearwater, FL 33767

phone 727. 644. 5644