

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

05 MAR 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065945

1. Corporation Name

Remote Extenders, Inc.

2. Principal Office Address

544 N. 9th Street

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32435

Country

USA

3. Mailing Office Address

544 N. 9th Street

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32435

Country

USA

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

7/3/2001

5. FEI Number

59-3749028

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

Devan Dockery

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

544 North 9th Street

Suite, Apt. #, Etc.

City

DeFuniak Springs

800050603248

04/13/05-01005-013 **1050.0

State

FL

Zip Code

32435

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**

Date 3-14-05

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
D	Devan Dockery	1500 Ten Lakes Drive	DeFuniak Springs, FL 32435
D	Larry Williamson	128 Pine Street	DeFuniak Springs, FL 32433
D	Clayton J.M. Adkinson	P.O. Box 1207	DeFuniak Springs, FL 32435

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

3-14-05

Date

(850)

892-2225

Daytime Phone #

CR2E081 (9/00)