

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
03 JUL 28 AM 8:00

DOCUMENT # P01000085980

1. Corporation Name

0062015, INC.

2. Principal Office Address

1915 Rebecca Road

Suite, Apt. #, etc.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Lutz, FLORIDA

City & State

Zip

33764

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3742666

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

UBR 2002 + 2003 MRS

7. Name and Address of Current Registered Agent

Name

MONIKA SCHILCHER

000021855850

07/28/03-01054-007 **300.00

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

3110 S. Dale Mabry

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

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

Monika Schilcher

REGISTERED AGENT MUST SIGN

Date

7/19/03

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/Dir	AMY E. BURCAW	1915 Rebecca Road Lutz, FL 33764	D

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:

Amy Burcaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/03

Daytime Phone #

813 862-4815

CRE081 (10/02)