

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA REINSTATEMENT
DIVISION OF CORPORATIONS

P01000091667

FILED
03 APR - 7 PM 3:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT # **P01000091667**

1. Corporation Name

Invirokote Inc.

REINSTATEMENT 02+03

2. Principal Office Address

3829 Marnie Place

Suite, Apt. #, etc.

3. Mailing Office Address

3829 Marnie Place

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32223

Country

Dual

Zip

32223

Country

Dual

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/11

5. FEI Number

59-3743666

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 T. Smithgall

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

3829 Marnie Place

Suite, Apt. #, Etc.

600014245676

03/17/03 01003 023 *35.00**

City

Jacksonville

State

FL

Zip Code

32223

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 **3-14-3**

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	Michael T. Smithgall	3829 Marnie Place	Jacksonville, FL 32223
T	Mary Jane B Smithgall	3829 Marnie Place	Jacksonville, FL 32223
Please Delete Ken Nightingale as an Officer			

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/3 904-923-6320

Date

Daytime Phone #

CR2E081 (10/02)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
RE-IN STATEMENT DIVISION
409 E. GAINES STREET
TALLAHASSEE, FL 32399

ATTN: CAROL MUSTAIN

THIS LETTER IS TO REQUEST WAIVING THE RE INSTATEMENT PENALTY FOR OUR CORPORATION AND TO CONFIRM THAT WE NEVER RECIVED A UNIFORM BUSINESS REPORT FOR INVIROKOTE, INC NOR DID WE RECIVE ANY NOTICE THAT THIS CORPORATION WAS DISSOLVED. ALTHOUGH WE HAVE SINCE CHANGED OUR ADDRESS WE ARE STILL RECEIVING MAIL AND THE RE NEWAL PAPERS WERE NEVER RECEIVED AT ANY OF OUR ADDRESSES OR FORWARDED TO US. I TALKED WITH YOUR OFFICE AND WAS ADVISED TO DOWNLOAD THE RE INSTATEMENT FORM AND TO INCLUDE A CHECK FOR 335. WHICH YOU HAVE ALREADY RECEVED AND CASHED. PLEASE FIND ENCLOSED THE CORRECTED FORMS.

THANK YOU,

MARYJANE SMITHGALL
3829 MARNIE PLACE
JACKSONVILLE, FL 32223
904-996-2546