

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000106116**

1. Corporation Name

FIDELIGENT CORPORATION.

REINSTATEMENT 03-04
300039311823
07/19/04--01072--004 **300.00

2. Principal Office Address

3894 VILLA ROSE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

3894 VILLA ROSE LANE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32808

Country

USA

City & State

ORLANDO, FL

Zip

32808

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/01

5. FEI Number

52-2352025

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

Patrick A. Raley

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

180SS. Knowles Avenue Ste. 7

Suite, Apt. #, Etc.

Suite 7

City

Winter Park

State

FL

Zip Code

32789

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

Patrick A. Raley

REGISTERED AGENT MUST SIGN

Date

July 16, 2004

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.	JOHN L. CASEY	3894 VILLA ROSE LANE	ORLANDO, FL, 32808
VP	JOHN KEANE	1460 MINNESOTA AVE.	WINTER PARK, FL, 32789

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:

JOHN L. CASEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JULY 15, 2004

Daytime Phone #

407-297-1705

CR2E081 (10/02)



Fideligent Corporation

"Trust and Knowledge"

202

Florida Department of State
Division of Corporations
Corporate Filings
P.O.Box 6327
Tallahassee, FL 32314

July 15, 2004

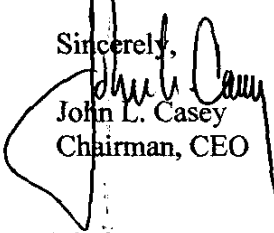
SUBJECT: Request for Waiver of Corporation Reinstatement Fees.

Dear Sir,

Fideligent Corporation respectfully requests a waiver of standard corporation reinstatement fees. Our company was moving during the time State of Florida forms are mailed out and as a result we did not receive the annual report forms during Jan-Feb 2003.

Per conversation with your offices today the attached check for \$ 300 is submitted with our completed Corporation Reinstatement form.

Sincerely,


John L. Casey
Chairman, CEO