

DEC. 18. 2007 4:09PM
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CAPITAL CONNECTION

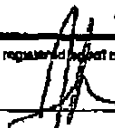
NO. 3351 P. 2

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000118440			
1. Corporation Name Octofoil Systems, Inc.			
2. Principal Office Address - No P.O. Box # 3110 Falkenburg Road		3. Mailing Office Address 3110 Falkenburg Road	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33619	COUNTRY USA	Zip 33619	COUNTRY USA
7. Name and Address of Current Registered Agent			
Name John Stanton			
Agent Address (P.O. Box Number is Not Acceptable) 3110 Falkenburg Road			
Subs. Apt. #, Etc.			
City Tampa		State FL	Zip Code 33619
4. Date Incorporated or Qualified To Do Business in Florida 12/14/2001			
5. FEIN Number 89-9756546		Applied For ☐ New Application	
6. CERTIFICATE OF STATUS DESIRED ☐		\$3.75 Additional Fee required for a Certificate of Status	
☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0603, F.S.			
Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 12/18/07			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D/P	John Stanton	3110 Falkenburg Road	Tampa, Florida 33619
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 118, 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: 		Date 12/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

CORPORATION REINSTATEMENT

OCTOFOIL SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

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