

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # **P02000016256**

1. Corporation Name

ALGAEGONE, INC.

Principal Place of Business

Mailing Address

2428 LAKE VISTA COURT #112
CASSELBERRY FL 32707

2428 LAKE VISTA COURT #112
CASSELBERRY FL 32707



REINSTATEMENT *03 MB*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

246 Ridgewood St
Altamonte Springs FL
32701-7613 U.S.

3. New Mailing Office Address, If Applicable

246 Ridgewood St
Altamonte Springs FL
32701-7613 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCCOY, VICTOR	2428 LAKE VISTA COURT #112	CASSELBERRY FL 32707

900024043429
10/23/03--01026--003 **150.00

8. Name and Address of Current Registered Agent

MCCOY, VICTOR
2428 LAKE VISTA COURT #112
CASSELBERRY FL 32707

9. Name and Address of New Registered Agent

Name *McCoy, Victor*
Street Address (P.O. Box Number is Not Acceptable)
246 Ridgewood Dr.
Suite, Apt. #, Etc.
Altamonte Springs
City
State **FL** Zip Code **32701**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Victor McCoy
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

Victor McCoy
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

CR2E040 (7/03)

October 10, 2003

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

RE: Algaegone, Inc.
Doc Number: P02000016256

To Whom it May Concern:

This letter is in response to your September 19, 2003 administrative dissolution of the above-referenced corporation. Please be advised that the two prior uniform business report (UBR) notices were not received by me. I recently moved and have experienced a delay in receiving mail, as well as office employee turnover. In addition, I recently retained an accounting firm to assist me all filing requirements since I am unfamiliar with most filing requirements.

As evidenced by the changes on the enclosed application for reinstatement, I have put my new address. In that capacity, I respectfully request that you return this corporation to active status and waive the \$600 reinstatement fee. I have included a check for \$150, representing the fee to file this report without penalty.

Thank you for your prompt attention to this matter.

Yours Truly,

A handwritten signature in black ink, appearing to read "Victor McCoy", with a stylized flourish at the end.

Victor McCoy, President
Algaegone, Inc.