

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

03 NOV -6 PM 1:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000043733

1. Corporation Name

ACTAS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

9253 LAZY LANE DR.
BLDG. E
TAMPA FL 33614-2302

9253 LAZY LANE DR.
BLDG. E
TAMPA FL 33614-2302

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

63

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2002

5. FEI Number

Applied For

75-3058361

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
1	Brian S. Moore - PRESIDENT	4305 Carrollwood Village	Tampa, FL 33624
2	Orlando Perez - VICE PRESIDENT	1710 Springwell PL	Brandon, FL 33611

500023919985
10/17/03 01092-011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUNTER & THOMAS, PA
4807A BAYSHORE BOULEVARD
TAMPA FL 33611

Name Sheryl Seckel Hunter, P.A.

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

4807A Bayshore Blvd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

Sheryl Seckel Hunter
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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

813
935-5444

CR2040 (7/03)



October 13, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Herein we are submitting Application for Reinstatement, Reference: Document # P02000043733, and check for \$150.00.

This is the first time we receive notification, for this Corporation. Let us know if there is any other information that we need to provide.

Cordially,
ACTAS International Inc.

A handwritten signature in black ink, appearing to read "Orlando Pérez", written in a cursive style.

Orlando Pérez
Corporate Executive Officer