

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 OCT 31 AM 11:07

CLERK OF THE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050944

1. Corporation Name

THE FSH VERIFICATION COMPANY, INC

Principal Place of Business

13575 58TH ST N STE 142  
CLEARWATER FL 33760

Mailing Address

13575 58TH ST N STE 142  
CLEARWATER FL 33760

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

2. New Principal Office Address, If Applicable

10126 Tarragon Dr.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10126 Tarragon Dr.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/06/2002

5. FEI Number

02-0593949

Applied For

Not Applicable

City & State

Riverview, FL  
33569 Hillsborough

City & State

Riverview, Florida  
33569 Hillsborough

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PMCC	MCACFEE, MARC A	13575 58TH ST N STE 142	CLEARWATER FL 33760
V	MCACFEE, ONEYKA	2990 DREW ST APT 410	CLEARWATER FL 33759

000024383980  
11/03/03--01080--013 \*\*\*500.00

8. Name and Address of Current Registered Agent

MCACFEE, MARC A  
13575 58TH ST N STE 142  
CLEARWATER FL 33760

9. Name and Address of New Registered Agent

Name MCACFEE Marc A.  
Street Address (P.O. Box Number is Not Acceptable)  
10126 Tarragon Dr.  
Suite, Apt. #, Etc.

City Riverview

State FL

Zip Code 33569

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

REGISTERED AGENT MUST SIGN

Date 10-17-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 671-9959

10-17-03

CR2E040 (7/03)