

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000068109

1. Corporation Name

FACTORY DIRECT REP, INC

2. Principal Office Address - No P.O. Box #
12280 BRITT ROAD

Suite, Apt. #, etc.

City & State
PARRISH, FL

Zip
34219

Country
USA

3. Mailing Office Address
P O BOX 735

Suite, Apt. #, etc.

City & State
PARRISH, FL

Zip
34219

Country
USA

7. Name and Address of Current Registered Agent

Name
BLAIR SQUIRE

Street Address (P.O. Box Number is Not Acceptable)
12280 BRITT ROAD

Suite, Apt. #, Etc.

City
PARRISH

State
FL

Zip Code
34219

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

REGISTERED AGENT MUST SIGN

Date

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	BLAIR SQUIRE	12280 BRITT ROAD	PARRISH, FL 34219

800104260648
08/12/07--01030--003 **1000.00
800104260648
08/12/07--01030--004 **50.00

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 119, 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 #

FILED

2007 JUN 12 P:12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **06/19/2002**

5. FEL Number
38-3653512

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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.

6-05-07

6/12