

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073089

1. Corporation Name

INERSPACE CONSTRUCTION COMPANY, INC.

2. Principal Office Address

330 FOURTH ST. S.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

City & State

Zip

Country

34695

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07-02-2002

5. FEI Number

61-1421644

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DAVID VOGT

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

330 FOURTH ST. S.

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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

David K Vogt

Date

8-16-04

REGISTERED AGENT MUST SIGN

**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
D	DAVID VOGT	330 FOURTH ST. S.	SAFETY HARBOR, FL 34695

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 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 #

David K Vogt

DAVID K. VOGT

8-16-04

647-2335

CR2E081 (01/04)



August 17, 2004

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

RE: P02000073089  
REF: Reinstatement

To Whom It May Concern:

In the summer of 2002, the year of incorporation for this company, I was involved in serious medical problems involving a broken back and underwent extensive surgery in December of 2003.

During the past two years, I never received a filing package to keep the corporation current and updated. I called the Tax for Corporations department and they told me I had nothing to file since I did not conduct any business during this period.

I called last week and was told that I needed to send \$300 along with an explanation. I am ready to begin working and am respectfully requesting the reinstatement of the above referenced corporation / document #. I will make sure to keep it current each year. Please verify the address with your records. I have requested a Certificate of Status be sent to me as well.

Sincerely,

David Vogt  
President/Director

330 Fourth Street South  
Safety Harbor, FL 34695

727.647.2335 Phone

General Contractors  
Class "A", CGC 020671