

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000082284

1. Corporation Name

Screeners Inc.

2. Principal Office Address - No P.O. Box #

950 MINA AVE

Suite, Apt. #, etc.

City & State

PALM BAY

Zip

32907

Country

USA

3. Mailing Office Address

950 MINA AVE

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

32907

Country

USA

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

Name

WAYNE DOMINGUE

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

950 MINA AVE

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32907

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

Wayne Domingue

REGISTERED AGENT MUST SIGN

Date 1/13/10

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	WAYNE DOMINGUE	950 MINA AVE	PALM BAY, FL 32907

10. E-mail Address: Waynedomingue@gmail.com

(To be used for future annual report notification)

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. I further certify, 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: Wayne Domingue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 24 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400173046074  
03/24/10--01035--028 \*\*300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

7/30/2002

5. FEI Number

542067003

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.

400166675584  
01/20/10--01004--001 \*\*150.00