

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093828

1. Corporation Name

Offplanet, Inc.

2. Principal Office Address

505 Hibiscus TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

City & State

Zip

32951

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/30/02

5. FEI Number

02-0640864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

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

Name

Peter G. Laforge

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

505 Hibiscus TRAIL

Suite, Apt. #, Etc.

City

Melbourne Beach

State

FL

Zip Code

32951

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

Peter G. Laforge  
REGISTERED AGENT MUST SIGN

Date 11-18-04

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
P.D	<u>Peter G. Laforge</u>	<u>505 Hibiscus TRAIL</u>	<u>Melbourne Beach, FL 32951</u>
S.D	<u>Teresa M. Laforge</u>	<u>505 Hibiscus TRAIL</u>	<u>Melbourne Beach, FL 32951</u>

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)(f), 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:

Peter G. Laforge  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-04 321-206-1284

Date

Daytime Phone #

CR2001 (07/04)