

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 15 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 000 093828

1. Corporation Name

Offplanet, Inc

REINSTATEMENT 06-09

100166322581
01/15/10--01006--019 **1200.00
CR2E081 (11/09)

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

559 Halifax St SW

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1163

Suite, Apt. #, etc.

City & State

Palm Bay

City & State

Melbourne Fl

Zip

32908

Country

USA

Zip

32902

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 8/29/02

5. FEI Number

020640864

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

Pete LaForge

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

559 Halifax St SW

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32908

☐ 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.

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

01-11-2010

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
PD	Pete LaForge	559 Halifax St SW	Palm Bay 32908
SD	Teresa LaForge	559 Halifax St SW	Palm Bay 32908

10. E-mail Address: secretary@offpla.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-10 321
349-6350