

PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 24 AM 8:00

DOCUMENT # P02000132258

1. Corporation Name

Ident, Inc.

230 Royal Palm Way
230 Royal Palm Way

2. Principal Office Address
230 Royal Palm Way

3. Mailing Office Address
230 Royal Palm Way

Suite, Apt. #, etc.
Suite 402

Suite, Apt. #, etc.
Suite 402

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip Country
33480 USA

Zip Country
33480 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/15/2002

5. FEI Number
20-1150805

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03-04
MRS

7. Name and Address of Current Registered Agent

Name
G. Peter Reed, Jr.

Street Address (P.O. Box Number is Not Acceptable)
230 Royal Palm Way

Suite, Apt. #, Etc.
Suite 402

City
Palm Beach

State Zip Code
FL 33480

100037060081

05/24/04-01093-013 **500.00

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

G. Peter Reed, Jr.

REGISTERED AGENT MUST SIGN

Date

5/21/2004

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
PSTD	G. Peter Reed, Jr.	240 Via Marila	Palm Beach, FL 33480

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:

G. Peter Reed, Jr. PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 21, 2004

Date

(561) 840-8737

Daytime Phone #

CR2E081 (01/04)