

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000011777

1. Corporation Name

FAST TRAX, INC

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

1000 NORTH COMBEE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

1000 NORTH COMBEE ROAD

Suite, Apt. #, etc.

City & State

LAKELAND FLORIDA

City & State

LAKELAND FLORIDA

Zip

33801-2973

Country

USA

Zip

33801-2973

Country

USA

7. Name and Address of Current Registered Agent

Name

LALLU, HITESHKUMAR

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

1000 NORTH COMBEE ROAD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33801-2973

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 **07/20/2010**

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
D	LALLU, HITESHKUMAR	1000-N COMBEE ROAD	LAKELAND FL 33801-2973

10. E-mail Address: **NONE**

(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

07/20/2010

Date

863-666-1084

Daytime Phone #

FILED

10 JUL 28 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400183755494
07/28/10--01025--012 **1200.00

REINSTATEMENT 07-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2003

5. FEI Number
06-1675981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7/28/10