

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

05 MAY 23 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000077185

1. Corporation Name

NORTH FLORIDA TECHNICAL ENERGY SERVICES, INC

2. Principal Office Address

P.O. BOX 2241

Suite, Apt. #, etc.

City & State

BELLEVIEW

Zip

34421

Country

MARION

3. Mailing Office Address

P.O. BOX 2241

Suite, Apt. #, etc.

City & State

BELLEVIEW

Zip

34421

Country

MARION

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

NO

7. Name and Address of Current Registered Agent

Name

CATHERINE C. SAUNDERS

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

10117 S US HWY 441

Suite, Apt. #, Etc.

7

City

BELLEVIEW

State

FL

Zip Code

34420

200055568062
06/01/05--01013--019 **151.00

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

Catherine Saunders

Date 04-07-05

REGISTERED AGENT MUST SIGN

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
PR	CHARLES C. TUMEY	PO BOX 2241	BELLEVIEW, FL 34421

200055568062
06/01/05--01013--019 **150.00

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:

Charles C. Tumey, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-05

Date

352-245-8100

Daytime Phone #

CR2E081 (01/05)