

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -4 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14665**

1. Corporation Name

CESP, INC.

800103191298
05/24/07--01019--012 **600.00

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

2036 HICKORY HILL LANE

Suite, Apt. #, etc.

3. Mailing Office Address

2807 CRAYTON ROAD

Suite, Apt. #, etc.

City & State

HERMITAGE, TN.

City & State

NAPLES, FL.

Zip

37076

Country

US

Zip

34103

Country

US

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

6-2-87

5. FEI Number

621255648

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

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

☒ 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.

SEE ATTACHED LETTER

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

ON FILE

Date

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
PTD	JOHN W. MASSEY	2807 CRAYTON RD.	NAPLES, FL. 34103
SD	SUSAN P. MASSEY	2807 CRAYTON RD.	NAPLES, FL 34103
VP	LARRY L. ALEXANDER	2036 HICKORY HILL LN.	HERMITAGE, TN. 37076

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07 615-405-9502

Date

Daytime Phone #

262

April 16, 2007

From the Desk of John Massey, President

To whom it may concern:
Florida Department of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

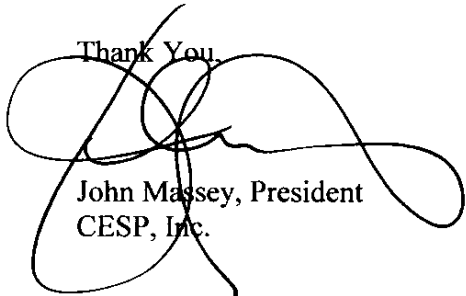
Re: Waiver of Reinstatement Fee
CESP, Inc.

Dear Sirs,

The following is a request to waive the Reinstatement Fee. We have not been recently notified that the corporation is not current and even received a previous notification in the previous year to the current correct address, of which we responded to online, paid the fee and thought the company was current. I called your office and the individual stated that the notification had been sent to the previous CESP, Inc. address. We have not received a notification to the correct address this year and would like to reinstate without penalty. We enclose the application and a fee of \$450 for the last two years for the annual report and an additional \$150 for this year.

Thank You

John Massey, President
CESP, Inc.

A large, stylized handwritten signature in black ink, overlapping the printed name and title of John Massey.