

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 19 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25780**

1. Corporation Name
COMPSEE, INC

REINSTATEMENT **97-02**

05-16-02 01015 008
\$1,500.00
T8

2. Principal Office Address

400 N. Main Street

Suite, Apt. #, etc.

City & State

Mt. Gilead NC

Zip

27306

Country

USA

3. Mailing Office Address

2500 Pt. Malabar Blvd. NE

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32905

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1985

5. FEI Number

56-151-4038

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 **William L. Graham**

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

2500 Pt. Malabar Blvd. NE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

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

5/28/02

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
Pres. Chrm.	D. Gary McRae	400 N. Main Street	Mt. Gilead, NC 27306
VP	William L. Graham	2500 Pt. Malabar Blvd. NE	Palm Bay, FL 32905
Sec.	James W. McRae	400 N. Main Street	Mt. Gilead, NC 27306
Tres.	Harold W. Smith	400 N. Main Street	Mt. Gilead, NC 27306

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. GRAHAM

Date

5/28/02

Daytime Phone #

321-724-4321