

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P29265**

1. Corporation Name  
**ITCO HOLDING COMPANY, INC.**

Principal Place of Business  
**COMMERCE ROAD  
P.O. BOX 641  
WILSON NC 27894-0641**

Mailing Address  
**COMMERCE ROAD  
P.O. BOX 641  
WILSON NC 27894-0641**

**FILED**  
**97 DEC -1 PM 2:08**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**REINSTATEMENT** 97 

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>05/04/1990</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>56-1020830</b>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	<del>BURWELL, ARMISTEAD</del> <b>RICHARD JOHNSON</b>	<del>1311 FORREST HILLS ROAD</del> <b>2708 COMMERCE ROAD</b>	<b>WILSON NC 27893</b>
STD	<b>BERRY, WILLIAM E.</b>	<b>4243 WAVERLY ROAD</b> <b>2708 COMMERCE ROAD</b>	<b>WILSON NC 27893</b>
VP	<b>LEON R. ELLIN</b>	<b>2708 Commerce Road</b>	<b>Wilson, NC 27893</b>

**500002363475--6**  
**-12/04/97--01107--011**  
**\*\*\*750.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 35324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			<b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  **PETER F. SOUZA**  
ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN  
Date **11/26/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

**11/24/97 (419)297-8900**  
Date Daytime Phone #