

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG -8 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P92000006502

1. Corporation Name

RESTRUCTURE, INC.

2. Principal Office Address

205 South Hoover Blvd.

3. Mailing Office Address

205 South Hoover Blvd.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Tampa FL

City & State

Tampa FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/92

5. FEI Number

59-3227948

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

Jack J. Ceccarelli

000007077520

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

205 South Hoover Blvd.

-08/13/02--01055--004

***308.75 ***08.75

Suite, Apt. #, Etc.

Suite 101

City

Tampa

State
FL

Zip Code

33609

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

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	Jack J. Ceccarelli	205 South Hoover Blvd. Suite 101	Tampa, FL 33609
Dir.	" " "	Same	Same

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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Ceccarelli

Date

(813) 636-8111, ext. 100

Daytime Phone #

CR2E081 (8/01)

7/8/02

Restructure, Inc.
205 South Hoover Boulevard, Suite 101
Tampa, Florida 33609

Phone (813) 636-8111 Facsimile (813) 636-8710

August 2, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Corporation Reinstatement of Restructure, Inc.
Request for Waiver of Reinstatement Fee**

Dear Sirs:

Please be advised that the mailing address for Restructure, Inc. as shown in your corporate database is incorrect. The correct address is shown below:

205 South Hoover Boulevard, Suite 101
Tampa, Florida 33609

By copy of this letter, Restructure, Inc. is requesting that the reinstatement fee be waived. Enclosed is our check in the amount of \$308.75 as payment for our annual report fees for 2001 and 2002 and for a certificate of status. Also, Restructure is requesting that the Esq. title of the Registered Agent shown in the database be dropped. Mr. Ceccarelli is not an attorney.

Thank you for your consideration in this matter. If you have any questions, please call me at (813) 636-8111, ext. 112.

Sincerely,



Jim Thomasson
Administrative Assistant

/jt

enclosures

cc: Jack Ceccarelli