

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **APPROVED pg 1 of 2**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**AND
FILED**

1997 JUL 17 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061212

1. Corporation Name

EXTENSOR DESIGN INC

Principal Place of Business

Mailing Address

**3710 SPRING PARK RD
JACKSONVILLE FLA 32207**

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 **8-30-93**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3198072

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	RICK STONE	3710 SPRING PARK RD.	JAX, FLA 32217

REINSTATEMENT

916-977-1171

**200002240162--2
-07/17/97--01006--007
*****923.75 *****923.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Jody M. BARRY
3710 SPRING PARK RD
JAX, FLA 32207**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jody M. Barry

REGISTERED AGENT MUST SIGN

Date **8-17-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Rick Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-97
Date

757-7676
Daytime Phone #

LIMITED POWER OF ATTORNEY
(With Durable Provision)

TO ALL PERSONS, be it known, that I, RICK STONE
of 3460 MAIDEN VOYAGE, JACKSONVILLE, FLA 32217
as Grantor, do hereby make and grant a limited and specific power of attorney to
of
and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts
on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:
(Describe specific authority)

SIGN FOR COMPANY

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform
the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fidu-
ciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried
out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and
responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be
revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith
upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation,
or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

Signed under seal this _____ day of _____
Signed in the presence of:

Ronald M. Rapeman
Witness

Jon Bar
Witness

Rick Stone
Grantor

Attorney-in-Fact

State of Florida

County of Duval

On July 16, 1997

before me,

appeared
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed
to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and
that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed
the instrument.

WITNESS my hand and official seal.

Signature Rhoda Nelson