PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1997 NOV 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083516

1. Corporation Name

Connecting Minds, Inc.

Principal Place of Business	Mailing Address
~~425 E. 15th Street~~ ~~Panama City, FL 32401~~	~~425 E. 15th Street~~ ~~Panama City, FL 32401~~

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

2. New Principal Office Address, If Applicable
10518 Orange Grove Drive
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33618 Country:

3. New Mailing Office Address, If Applicable
10518 Orange Grove Drive
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33618 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/29/93

5. FEI Number: 59-3220349 ☐ Applied For ☐ Not Applicable

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 C	Robert Page	10518 Orange Grove Drive	Tampa, FL 33618
T D	Paul Everitt	10518 Orange Grove Drive	Tampa, FL 33618
S D	J. A. Boyd, Jr.	3313 Harbour Place	Panama City, FL 32405

REINSTATEMENT 95-90 11/19/97

200002353442--1
-11/20/97--01093--002
1080.001080.00

8. Name and Address of Current Registered Agent

James A. Boyd, Jr.
3313 Harbour Place
Panama City, FL 32405

9. Name and Address of New Registered Agent

Name: PHILLIP D. ECK, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 200 South Orange Avenue
Suite, Apt. #, Etc.
City: Sarasota State: FL Zip Code: 34236-6749

CR2E040 (12/96)

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: P. Eck
REGISTERED AGENT MUST SIGN
Date: 11/18/97

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: Robert S. Page ROBERT S. PAGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/97 Date

(540) 371-6909 Daytime Phone #