

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:37

DOCUMENT # P94000061891

1. Corporation Name

FIELDTRIP CORPORATION

Principal Place of Business

C/O WILLIAM HUGGETT
66 W. FLAGLER ST., SUITE 400
MIAMI FL 33130
US

Mailing Address

C/O WILLIAM HUGGETT
66 W. FLAGLER ST., SUITE 400
MIAMI FL 33130
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1994

5. FEI Number

65-0513177

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	HUGGETT, WILLIAM	66 W. FLAGLER ST., SUITE 400	MIAMI FL 33130

000003035290--0
11/04/99 01668 014
****600.00 ****600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINAN, THOMAS P
330 ALHAMBRA CIR.
CORAL GABLES FL 33134

Name William Huggett
Street Address (P.O. Box Number is Not Acceptable)
66 W Flagler St, Ste 400
Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33130

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

Wm T. Huggett
REGISTERED AGENT MUST SIGN

Date

10/20/99

11. 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.

AD

SIGNATURE:

Wm T. Huggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/99 205
311821