

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 27 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94 0000 687 56 (3)

1. Corporation Name

ONE OF ONE, INC

2. Principal Office Address

14617 61ST PLACE

Suite, Apt. #, etc.

City & State

WELLBORN FL.

Zip

32094

Country

USA

3. Mailing Office Address

14617 61ST PLACE
SAME

Suite, Apt. #, etc.

City & State

WELLBORN FL

Zip

32094

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

SEPTEMBER 15, 94

5. FEI Number

593291473

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

SUE ELLEN BLACK

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

14617 61ST PLACE

Suite, Apt. #, Etc.

City

WELLBORN

State
FL

Zip Code

32094

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

Sue Ellen Black
REGISTERED AGENT MUST SIGN

Date

2/23/01

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

PRESIDENT

SUE ELLEN BLACK

14617 61ST PLACE

WELLBORN, FL 32094

LS

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:

Sue Ellen Black

SUE ELLEN BLACK

2/23/01

904 963 1592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #