

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED 10/2



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

APPLICATION
REINSTATEMENT

DOCUMENT # P94000074865

1. Corporation Name

TRUE IDENTITY, INC.

97AR

Principal Place of Business

641 E. MEMORIAL BLVD.
LAKELAND FL 33801
US

Main Address

P.O. BOX 5301
LAKELAND FL 33807

97 OCT 29 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 10/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3272490	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	LIGHTSEY, BARRY B	64 MISTY MEADOW LANE	MULBERRY FL 33860
P	LIGHTSEY, ALFREDIA A	64 MISTY MEADOW LANE	MULBERRY FL 33860
VP	Lightsey, Colley C	64 misty meadow lane	mulberry 33860
			4000002335604--7 -10/31/97--01109--014 ****165.00 ****165.00
			A. Alay 10/29/97

8. Name and Address of Current Registered Agent

LIGHTSEY, ALFREDIA A
64 MISTY MEADOW LANE
MULBERRY FL 33860

9. Name and Address of New Registered Agent

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 Alfredia A. Lightsey
REGISTERED AGENT MUST SIGN

Date 10-28-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Alfredia A. Lightsey Alfredia A. Lightsey 10-28-97 9416872278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE040 (8/97)

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10-28-97

I, Alfreda Lightsey president of True Identity Inc. Mailed out the payment for my Cooperation on April 28, 1997 of \$165⁰⁰ CK # 1045. But after receiving this notice I call the bank and found out the check had not cleared, so I researched and found out that I made the check out to the Department of Revenue. I call your office and explained it to Mr. Sammy Caldwell he told me to send another payment of \$165⁰⁰ and to send the notice with it. Since the first letter was not received. If it ever gets there please notify us I am mailing this payment next Day, Registered.

Thank,
Alfreda A Lightsey