

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP -3 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000002168**

1. Corporation Name

EQUITY INTERNATIONAL, INC.

400008015774--2
-09/25/02--01001--018
***1200.00 ***1200.00

REINSTATEMENT 99-02

2. Principal Office Address

2113 FOX RUN

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

Zip

32444

Country

USA

3. Mailing Office Address

2113 FOX RUN

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

Zip

32444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-5-95

5. FEI Number

59-3435130

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

WILLIAM S. LOIRY

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

2113 FOX RUN

Suite, Apt. #, Etc.

City

LYNN HAVEN

State
FL

Zip Code

32444

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

William S. Loiry
REGISTERED AGENT MUST SIGN

Date **8-30-02**

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	WILLIAM S. LOIRY	2113 FOX RUN	LYNN HAVEN, FL 32444

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:

William S. Loiry, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-30-02

Daytime Phone #

**850-
265-5781**

CR2E081 (9/01)