

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR 23 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004813

1. Corporation Name

WHITE CLOUD, Inc.

2. Principal Office Address - No P.O. Box #

10909 U.S. Hwy 92 East
Suite, Apt. #, etc. D

City & State

Seffner, FL

Zip

33584

Country

USA

3. Mailing Office Address

10909 U.S. Hwy 92 East
Suite, Apt. #, etc. D

City & State

Seffner, FL

Zip

33584

Country

USA

REINSTATEMENT 03-07

CR2E081 (1/07)

without penalty
KPC 4.123

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 24, 2002

5. FEI Number

65-0562675

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

Bruce DUNCAN

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

10909 U.S. Hwy 92 East

Suite, Apt. #, etc. D

City

Seffner

State

FL

Zip Code

33584

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Bruce Duncan

Date

2-21-07

REGISTERED AGENT MUST SIGN

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
Pres.	<u>Bruce DUNCAN</u>	<u>10909 U.S. 92 E.</u>	<u>Seffner, FL 33584</u>
Sec.	<u>PAUL E JONES</u>	<u>3112 24th St. S.E.</u>	<u>Ruskin, FL 33570</u>

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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 contained in Chapter 119, 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:

Bruce Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07

Date

813-626-4838

Daytime Phone #