

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 12:20

DOCUMENT # P95000025112

1. Corporation Name

INTARSIA, INC.

Principal Place of Business

1851 CYPRESS LAKE DRIVE
SUITE B
ORLANDO FL 32837

Mailing Address

1851 CYPRESS LAKE DRIVE
SUITE B
ORLANDO FL 32837

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

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1995

5. FEI Number

59-3318365

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PTD	LUTHER, MARSHALL	867 SWEETWATER ISLAND CIRCLE	LONGWOOD FL
D	BERTRAND, GARY	9107 SLOANE ST	ORLANDO FL 32827
PD	SMIGA, JONATHAN	5201 HAVERILL DRIVE	ORLANDO FL 32809
D	LOMBARDO, WILLIAM	8506 TULIP COURT	ORLANDO FL
D	SACK, BURTON M.	415 LIAMBLANCE DR PENT D	LONGBOAT KEY FL 34228
D	SMITH, RICHARD	9120 SLOANE ST	ORLANDO FL 32827

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SMIGA, JONATHAN~~
~~5201 HAVERILL DRIVE~~
~~ORLANDO FL 32809~~

Name

Marshall Luther

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

867 Sweetwater Island Circle

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

Marshall Luther

REGISTERED AGENT MUST SIGN

Date

10/23/00

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.

SIGNATURE:

Marshall Luther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

Date

407-859-5800

Daytime Phone #

AD