

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000026871**

1. Corporation Name

PACIFIC AUTOMATED, INC.

Principal Place of Business

12811 KENWOOD LN
SUITE 203
FT MYERS FL 33907

Mailing Address

12811 KENWOOD LN
SUITE 203
FT MYERS FL 33907

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15551 GREENOCK LN

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15551 GREENOCK LN

Suite, Apt. #, etc.

City & State

FT MYERS FL

Zip
33912

Country

City & State

FT MYERS FL

Zip
33912

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1995

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GRANTHAM, ROBERT N	15551 GREENOCK LN	FT MYERS FL 33912
D	VADNAIS, NEIL	2936 JESMOND DENE HEIGHTS LN	ESCONDIDO CA 92026
			700002237707--4 -07/14/97--01171--007 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

GRANTHAM, ROBERT N
12811 KENWOOD LN
SUITE 203
FT MYERS FL 33907

9. Name and Address of New Registered Agent

Name
Grantham Robert N
Street Address (P.O. Box Number is Not Acceptable)
15551 Greenock Ln
Suite, Apt. #, Etc.

City
FT MYERS

State
FL

Zip Code
33912

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

REGISTERED AGENT MUST SIGN

Date

7-2-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-97 0653-774-54-262-0

CP20040 (7/96)