

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 # **P95000067782**

1. Corporation Name

TERMACLEAR, INC.

Principal Place of Business

Mailing Address

~~250 NW 20TH AVE~~
~~BOCA RATON FL 33408~~

~~250 NW 20TH AVE~~
~~BOCA RATON FL 33408~~

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

2. New Principal Office Address, if Applicable

1061 S.W. 20th Street
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

1061 S.W. 20th Street
Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

REINSTATEMENT

mw8 11/26/96

4. Date Incorporated or Qualified To Do Business in Florida

08/29/1995

5. FEI Number

65-0604118

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GRIFFITH, MARK	250 NW 20TH AVE <u>1061 S.W. 20th Street</u>	BOCA RATON FL 33408

500002016515--0

-12/02/96--01005--003

*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIFFITH, MARK

~~250 NW 20TH AVE~~

~~BOCA RATON FL 33408~~

1061 S.W. 20th Street
Boca Raton, FL 33486

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

Mark Griffith
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-22-06

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:

Mark Griffith
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-06

Date

861 391 2839

Daytime Phone