

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Herbert H. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

98-99AR

FILED

99 FEB -2 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070758 (4)

1. Corporation Name

SPRINGSHOT, INC.

Principal Place of Business

1551 Sandspur Rd.  
Orlando, FL 32751

Mailing Address

← same

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

2. New Principal Office Address, If Applicable

1551 Sandspur Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

← same

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

9-11-95

5. FEI Number

59-3340371

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	McLeod, Kitt K.	565 Whisperwood Drive Longwood, FL 32779	Longwood, FL 32779
D	Webb, David C.	1551 Sandspur Road	Orlando, FL 32751

3000002770863-2  
-02/10/99--01003--003  
\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

W. Edward McLeod, Esq.  
1551 Sandspur Road  
Orlando, FL 32751

9. Name and Address of New Registered Agent

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.

W. Edward McLeod  
REGISTERED AGENT MUST SIGN

Date

1/28/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

Kitt McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (407) 682-2553

Date

Daytime Phone #