

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 DEC -1 PM 1:37

DOCUMENT # P95000071112

1. Corporation Name

FOCUSEAL, INC.

Principal Place of Business

1486 RAILHEAD BLVD.  
NAPLES FL 34110  
US

Mailing Address

1486 RAILHEAD BLVD.  
NAPLES FL 34110  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1995

5. FEI Number

65-0620141

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 3	City / State / Zip 4
DPT	RADTKE, THOMAS J	1486 RAILHEAD BLVD.	NAPLES FL
SAT	RADTKE, ANDREA B	1486 RAILHEAD BLVD.	NAPLES FL

400003499844--9  
-12/13/00--01072--023  
\*\*\*750.00 \*\*\*750.00

*12/17*

8. Name and Address of Current Registered Agent

GRUBER, DAVID M CPA  
5150 TAMiami TRAIL N., #501  
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

RADTKE, THOMAS J.

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

1486 RAILHEAD BLVD

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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

*Signature of David M Gruber*

REGISTERED AGENT MUST SIGN

Date

12-25-00

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:

*Signature of Tom Radtke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 544-2735