

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 # P95000074666

1. Corporation Name

BURNHAM TECHNOLOGIES, INC.

FILED

97 DEC 29 AM 10:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

~~2002 TRADE CENTER WAY~~
~~NAPLES FL 34109~~
~~US~~

~~2002 TRADE CENTER WAY~~
~~NAPLES FL 34109~~
~~US~~

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

2741 ARDISIA LANE
Suite, Apt. #, etc.

2741 ARDISIA LANE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

09/25/1995

5. FEI Number

65-0629251

Applied For

Not Applicable

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34109 Country
U.S.

Zip
34109 Country
US

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
PTD	BURNHAM, JEFFREY C	7093 PEBBLE CREEK CIR #204 2741 ARDISIA LANE	NAPLES FL 34109
VSA	BARTON, JERY E.	P.O. BOX 7279, NA	NAPLES FL 34101

600002386246--3
-12/30/97-01080-008
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURNHAM, JEFFREY C

~~7093 PEBBLE CREEK CIR #204~~
~~NAPLES FL 33962~~

Name

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

2741 ARDISIA LANE
Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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]

REGISTERED AGENT MUST SIGN

Date **12/26/97**

11. This corporation owes or has paid 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: *[Signature]* **JERY E. BARTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/97 **941-597-**
Date Daytime Phone #

CR2040 (8/97)