

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR -8 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077631

1. Corporation Name

TACTILE LOCK INC.

2. Principal Office Address

22 COVENTRY COURT

3. Mailing Office Address

901 S.E. 52 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLUFFTON SC

City & State

OCALA FL

Zip

29910

Country

U.S.A.

Zip

34471-5019

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 7th 1995

5. FEI Number

57-0908740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL SIEFERT ESQ. (SIEFERT & S. FERT)

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

351 N.E. 8th Ave

Suite, Apt. #, Etc.

600032192886  
04/08/04--01015--010 \*\*1093.75

City

OCALA

State

FL

Zip Code

34470

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

April 5, 2004

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P/D</u>	<u>GEORGE THOMAS CROFT</u>	<u>22 COVENTRY COURT</u>	<u>BLUFFTON-SC-29910</u>
<u>S/D</u>	<u>WILLIAM BRILEY</u>	<u>10 6TH AVENUE</u>	<u>TYBEE ISLAND GA 31328</u>
<u>T/D</u>	<u>ROBERT SCHMECK</u>	<u>901 S.E. 52 COURT</u>	<u>OCALA FL 34471-5019</u>

10. 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 119.37(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:

ROBERT E. SCHMECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6th April 2004 (352) 694-3490

Daytime Phone #

CR2E081 (01/04)