

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -3 AM 10:40

DOCUMENT # **P95000083188**

1. Corporation Name **Its IN TUBE, Inc.**
LIIT, Inc.

2. Principal Office Address **2441 Bellevue Avenue**
Suite, Apt. #, etc.

3. Mailing Office Address **2441 Bellevue Avenue**
Suite, Apt. #, etc.

City & State
Daytona Beach

City & State
FLORIDA

Zip **32114** Country **Volusia**

Zip **32114** Country **Volusia**

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3345648

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 **Charge Agent**
DAVID DIGIACOMO
Street Address (P.O. Box Number is Not Acceptable)
2441 Bellevue Avenue
Suite, Apt. #, Etc.
Day
City **Daytona Beach,** State **FL** Zip Code **32114**

800003245249-3
-05/09/00--01099--038
*****1315.00 ***1315.00**

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 **David DiGiacomo**
REGISTERED AGENT MUST SIGN

Date **4-14-00**

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
Pres.	DAVID DIGIACOMO 2441 Bellevue Avenue Daytona Beach, FL 32114	2441 Bellevue Avenue	Daytona Beach, FL 32114
			800003245249-3 -05/09/00--01099--039 *****35.00 *****35.00
			W00000011571

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 119.07(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: **David DiGiacomo** **DAVID DIGIACOMO** **4-14-00** **904-271-3250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)