

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000013349**

1. Corporation Name

R. H. TOURTELOT COMPANY

FILED

02 DEC -2 PM 4: 53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

1333 LA PAZ STREET
 PENSACOLA FL 32506

Mailing Address

196 TECHNOLOGY DR STE D
 IRVINE CA 97618



REINSTATEMENT

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

02/12/1996

5. FEI Number

33-0687177

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	4 City / State / Zip
D	TOURTELOT, RICHARD H	1333 LA PAZ STREET	PENSACOLA FL 32506
DV	TOURTELOT, LISA M	196 TECHNOLOGY DR STE D	W. MELBOURNE FL 32904 Irvine, CA 92618
S	ANDERSON, JENNIFER C	196 TECHNOLOGY DR STE D	IRVINE CA 92618

400009556624
 12/17/02--01022--013 **788.75

8. Name and Address of Current Registered Agent

TOURTELOT, RICHARD H
 1333 LA PAZ STREET
 PENSACOLA FL 32506

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

HB