

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 02 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000055975**

1. Corporation Name

Simpson Training Center Inc

2. Principal Office Address

P O Box 1053

Suite, Apt. #, etc.

City & State

Hanover PA

Zip

17331-7053

Country

USA

3. Mailing Office Address

P O Box 1053

Suite, Apt. #, etc.

City & State

Hanover PA

Zip

17331-7053

Country

USA

900004547909--5
-08/22/01--01007--011
****300.00 ****300.00
2000-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/96

5. FEI Number

58-2256816

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

Georgia C. Simpson

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

51 High Rock Rd 25750 SR 46 A

Suite, Apt. #, Etc.

City

Hanover Sorrento

FL RA

State

FL

Zip Code

32776
17331-7053

**Do NOT use as
mailing address**

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

Georgia C. Simpson

REGISTERED AGENT MUST SIGN

Date **July 12, 2001**

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/ Sec.	Georgia C. Simpson	51 High Rock Rd	Hanover PA 17331-7053
V-Pres	James W. Simpson	51 High Rock Rd	Hanover PA 17331-7053

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:

Georgia C. Simpson

Georgia C. Simpson

7/12/01

717-633-6717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DO NOT REMOVE!

Simpson Training Center, Inc.

P O Box 1053

Hanover PA 17331-7053

717-633-6717

352-483-1334

FAX 717-633-7546

Email: hanover@blazenet.net

July 12, 2001

Department of State
Division of Corporations
409 East Gaines St
Tallahassee FL 32399

Re.: Incorrect mailing address used for 2000 and 2001 Uniform Business Report
for Simpson Training Center Inc., FEI 58-2256816

Dear Department of State:

Please find enclosed a check for \$300.00 to cover both years of filing the Uniform Business Report. Yesterday I called your office to discover why I had not been receiving the reports and the secretary researched to discover that your Process Center did not update our mailing address in 1999. She told me to download the forms and send in a check for \$150.00 per year. Please see that the mailing address is:

Simpson Training Center Inc.
P O Box 1053
Hanover PA 17331-7053

Thank you very much,

Georgia Simpson

Georgia Simpson, President