

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 JAN -9 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062538

1. Corporation Name

FOURTHRITE SERVICES USA, INC.

Principal Place of Business

Mailing Address

12355 62ND STREET NO. BLDG. B
LARGO FL 34643

12355 62ND STREET NO. BLDG. B
LARGO FL 34643

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3392090

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D.	ALAN. H. WESSON.	240 GROVE CIRCLE NORTH.	DUNEDIN. FLORIDA 34698

800002398058--6

01/13/98 01038-006

****165.00 ****165.00

1/19/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, K W JR.
3702 BAY TO BAY BLVD.
TAMPA FL 33629

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-3-97

813 539 7277

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FOURTHRITE SERVICES USA, INC.
12355 62nd St. N. - Bldg. B
Largo, FL 34643

October 27, 1997

Florida Department of State
Div. Of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Office of Tax Payer Affairs:

Re: Corporate Annual Report for 1997

Please be advised that I just recently received your notice of administrative dissolution of my corporation for failure to file the annual report.

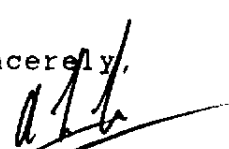
Unfortunately, I have no knowledge of receiving either the first notice or a second notice of intent to dissolve the corporation. I have only been incorporated since July 1996 and out of the country since April.

I assure you that had I been aware of the necessity to file this report it would have certainly been submitted in a timely fashion.

Therefore, I respectfully request that you abate the increased fees to reactivate this corporation and allow me to get current by filing at the timely fee of \$165.00.

Your consideration in this matter will be greatly appreciated.

Sincerely,


Alan Leeson, President

(813) 539-7277