PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

FILED
May 27 1998 8:00am
Secretary of State

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000062538

1. Corporation Name

FOURTHRITE SERVICES USA, INC.

Principal Place of Business	Mailing Address
12366 62ND STREET NO. BLDG. B LARGO FL 34643	12366 62ND STREET NO. BLDG. B LARGO FL 34643

1998 PROFIT IAR

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
Suite, Apt. #, etc.: 6560 126th AVE N	Suite, Apt. #, etc.: 6560 126 AVE N
City & State: LARGO FLA	City & State: LARGO FLA.
Zip: 33773 Country: U.S.	Zip: 33773 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 07/24/1996

5. FEI Number: 59-3392090

Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	ALAN L. LEESON	X 240 SROUE CIRCLE N.	X DUNEDIN FLA 34698.

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***50.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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 this 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: _____ 4-29-98 813 539 7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALAN L. LEESON