

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DOCUMENT # P96000096954

1. Corporation Name

Feico, Inc

2. Principal Office Address

3415 Bay to Bay Blvd

3. Mailing Office Address

3501 W. San Juan ST

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/22/96

5. FEI Number

59-3413012

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

ALAN J. Feivelson

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

3501 W. San Juan ST

Suite, Apt. #, Etc.

City

TPA

State

FL

Zip Code

33629

300031807493

04/21/04--01028--018 **201.00

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**

Alan J. Feivelson

Date

3/31/04

REGISTERED AGENT MUST SIGN

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
P	ALAN J. Feivelson	3501 W. San Juan ST	TPA FL 33629
✓	CHARLES H. COX	3501 W. San Juan ST	TPA FL 33629

300031807493

04/05/04--01016--007 **150.00

300031807493

04/05/04--01016--008 **8.75

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:

Charles H. Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

813
835-1818

Daytime Phone #

CR2E081 (01/04)

TN