

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103795

1. Corporation Name

CONTRACT ADMINISTRATION, INC.

Principal Place of Business

2601 PALMETTO RD
MT DORA FL 32757
US

Mailing Address

18950 US HWY 441
BOX 203
MT DORA FL 32757
US

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

12/20/1996

5. FEI Number

59-3419152

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)

Title(s)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

DP

SHAVER, VICTOR G

2601 PALMETTO RD.

MT. DORA FL 32757

DS

SHAVER, PATRICIA

2601 PALMETTO RD.

MT. DORA FL 32757

300008780893
11/04/02--01057--016 **150.00

8. Name and Address of Current Registered Agent

SHAVER, VICTOR G
2601 PALMETTO RD
MT DORA FL 32757

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. or 617.0505, F.S.

Signature of
Registered Agent

Victor G Shaver
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-30-02

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:

Victor G Shaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02

Date

352 735-9450

352 636 6623

Daytime Phone #

Dear Sirs

I am returning The Application For Reinstatement For Contract Administration Inc. According To my understanding of The directions Attached To The application I am enclosing a ck For \$ 150⁰⁰ and an explanation That, in Fact I did not receive The other UBR Notices.

Thank You

DP Victor H. Shaw

Contract Administration Inc