

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 AM 11:00

DOCUMENT # 7000043709

1. Corporation Name
Easy Running, Inc.

2. Principal Office Address
1101 N. Bay St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eustis, FL

Zip
32726

Country
USA

Zip

Country

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

5/16/97

5. FEI Number
593452964

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-022

7. Name and Address of Current Registered Agent

Name

John M. Hartzell

200003524512-3

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

1101 N. Bay St.

01/05/01 01021-006

***900.00 ***900.00

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

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

John M. Hartzell

Date December 22, 2000

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/T	John M. Hartzell	37114 Slice Ln.	Grand Island, FL 32735
VP/S	Terry A. Squillante	34825 Marshall Rd.	Eustis, FL 32736

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry A. Squillante
Terry A. Squillante

Date

Dec. 12-22-00 352-357-203

Daytime Phone #