

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069632

1. Corporation Name

RESTACOMP CORP.

FILED

99 JAN 22 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3464 FISHER ROAD PALM HARBOR FL 34683	3464 FISHER ROAD PALM HARBOR FL 34683

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 2710 Suite 201 APTN Suite, Apt. #, etc. Palm Harbor City & State FL Zip 34683 Country USA	3. New Mailing Office Address, if Applicable 2710 APTN Suite 201 Suite, Apt. #, etc. Palm Harbor City & State FL Zip 34683 Country USA
--	--

4. Date Incorporated or Qualified To Do Business in Florida 59-7475879 08/08/1997	5. FEI Number 62-00-208875-08-04	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ERICKSON, JEFF	3464 FISHER ROAD	PALM HARBOR FL 34683

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

Name	JEFF Erickson
Street Address (P.O. Box Number is Not Acceptable)	3464 Fisher Rd
Suite, Apt. #, Etc.	Palm Harbor, FL
City	FL
State	Zip Code
FL	34683

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

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12-8-98

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] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-785-1920
12-8-98

CR2E040 (0/98)