

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB 28 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000069632

**1. Corporation Name**

RestaComp Corp.

**2. Principal Office Address**

2710 Alt. 19<sup>N</sup> #201

Suite, Apt. #, etc.

#201

City & State

Palm Harbor FL.

Zip

34683

Country

USA

**3. Mailing Office Address**

2710 Alt. 19<sup>N</sup>

Suite, Apt. #, etc.

#201

City & State

Palm Harbor FL.

Zip

34683

Country

USA

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

08/08/97

**5. FEI Number**

59-3475879

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

Gene Cunningham

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

311 Orange Street

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**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
Pres.	Raffaele F. Palumbo	811 Illinois Ave.	Palm Harbor FL 34683
V.P.	Jeff Erickson	3464 Fisher Road	Palm Harbor FL 34683

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

2/26/03  
Date

(727) 418-0879  
Daytime Phone #

CR2E081 (10/02)

313

APPLICATION  
FOR  
REINSTATEMENT



**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**RESTACOMP CORP.**

Principal Place of Business

3484 FISHER ROAD  
PALM HARBOR FL 34683

**Mailing Address**

3464 FISHER ROAD  
PALM HARBOR FL 34883

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, Apt. #, etc.

City & State

Fl

3462

3. New Mailing Office Address, if Applicable

276 AMN Suite 20  
Suite, Apt. #, etc. .

Polar Harbor  
City & State

Zip 214172 Country USA

34603 45A

#### 4. Data Incorporated or Qualified

To Do Business in Florida  
59-747579

3. PEI Number: 00-20847

6.

**CERTIFICATE OF STATUS DESIGNATION**

08/08/1997

									
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58.75 Additional

for a Certificate

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

<b>Title(s)</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</b>	<b>City / State / Zip</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
D	ERICKSON, JEFF	3464 FISHER ROAD	PALM HARBOR FL 34683
			-7000002754997-6 -01/26/99-01048-009 <del>908.75</del> <del>908.75</del>

8. Name and Address of Current Registered Agent

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

2. Name and Address of New Registered Agent

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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, P.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12-8-88

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 a shareholder or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate records are up to date, all taxes due to the state have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(X), 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**

12-89

**Indian Union**

RESTACOMP CORPORATION  
2710 ALTERNATE 19 NORTH STE 201  
PALM HARBOR, FLORIDA 34683  
727-785-1920

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

To Whom It May Concern:

While reviewing our records under a license review our accountant discovered that the Corporation was dissolved for non-filing of our annual report. We never received the report and the one shareholder who is active thought his partner had taken care of it. We called the state to discuss the situation and they asked us to write a letter stating this. An enclose a payment of \$600.00 which would represent the fees that should of been paid through out the years. We respectfully request an abetment of all penalties and interest and request a reinstatement of our corporation. We are enclosing the form and payment to do so.

If you have any further questions concerns please do not hesitate to call us; thank you in advance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Raffaele Palumbo', with a long horizontal flourish extending to the right.

Raffaele Palumbo  
President