

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 11 PM 4:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

PA7000077885

1. Corporation Name

A-EXPERT, INC. OF FORT MYERS.

2. Principal Office Address

8185 MAINLINE PARKWAY

Suite, Apt. #, etc.

3. Mailing Office Address

16450 S. TAMiami

Suite, Apt. #, etc.

Suite #3

City & State

FT MYERS FL.

City & State

FT MYERS FL

Zip

Country

33912

LEE

Zip

Country

33908

LEE

REINSTATEMENT

0800

4. Date Incorporated or Qualified
To Do Business in Florida

9/9/97

5. FEI Number

65-0306176

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

Darlene J. Kitzinger

400003398494-5

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

8484 ALOHA Rd.

-09/20/00--01002--013

*****1058.75 ***1058.75**

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33912

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 **9/6/00**

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
President	SCOTT T. Kitzinger	17368 FUCHS/A	FT MYERS, FL, 33912
V.P./Sec	Darlene J. Kitzinger	8484 ALOHA Rd.	FT MYERS FL, 33912

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

Date

Daytime Phone #

9/6/00 941-482-7774

KE