

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JAN 12 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

997600085734

1. Corporation Name

SPLASH TECHNOLOGIES, INC.

**REINSTATEMENT** 01-04

2. Principal Office Address

1342 S. POWERLINE RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

Zip

33442

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0791655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

100026640181  
01/12/04--01004--018 \*\*1500.00

**7. Name and Address of Current Registered Agent**

Name

JOHNSON, BRUCE R.

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

1342 SOUTH POWERLINE ROAD

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State  
**FL**

Zip Code

33442

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

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
P/T	JOHNSON, BRUCE R.	6296 NW 63RD WAY	PARKLAND, FLORIDA 33067
VPS	JOHNSON, JODY A.	6296 NW 63RD WAY	PARKLAND, FLORIDA 33067

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 #

Please reinstate this corporation

TH

CR2E081 (10/02)