

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087863

1. Corporation Name

ARETEXT INCORPORATED

99AR

Principal Place of Business

Mailing Address

6633 ALTAMA ROAD
JACKSONVILLE FL 32216

6633 ALTAMA ROAD
JACKSONVILLE FL 32216

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

10/10/1997

5. FEI Number

59-3472109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
1	2	3	4
OFF/VP	BACK, CHARLES L	6633 ALTAMA ROAD	JACKSONVILLE FL 32216
D	BLUE, RANDALL G	12201 GOSBLED FIELD COURT	JACKSONVILLE FL 32224
D	GRAMMEL, INGO E	12707 LONGVIEW DRIVE EAST	JACKSONVILLE FL 32223
ST/D	BACK, WENDY K.	6633 ALTAMA ROAD	JACKSONVILLE, FL 32216
			000003046260--0 -11/16/99--01090--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BACK, CHARLES L
6633 ALTAMA ROAD
JACKSONVILLE FL 32216

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11.01.99

11. 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

CHARLES L. BACK

Date

11.01.99

Daytime Phone #

904.725.7330


aretext
INCORPORATED
P.O. BOX 17711
JACKSONVILLE, FLORIDA
32245-7711
(904) 725-7330

11.01.99

Dear Sir or Madam,


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Upon receiving this Notice of Administrative Dissolution or Revocation, we immediately notified your office. We were advised by one of your representatives ("Shawn") to submit the reinstatement application and our check for US\$150.00, along with this letter explaining that we had not received any previous notices from your office, possibly due to the resignation of our business manager/treasurer.

Your representative indicated that these steps would be sufficient to renew our corporate status. Should there be any further issues regarding our registration with you, please contact me at the address indicated on the reinstatement application or by telephone at (904) 725-7330.

Thank you very much for your assistance and attention to this matter.

Sincerely,



Charles L. Bäck, President
Registered Agent
Aretext Incorporated