

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC -7 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089174

1. Corporation Name

PRIME SOURCE PRODUCTS, INC.

Principal Place of Business

Mailing Address

512 SPRING CLUB DR.
ALTAMONTE SPRINGS FL 32714

512 SPRING CLUB DR.
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

3152 PENWA COURT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3152 PENWA COURT

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

City & State

LONGWOOD, FLORIDA

Zip

32779

Country

USA

Zip

32779

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1997

5. FEI Number

59-3523936

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CARTER RUCKER	3152 PENWA COURT	LONGWOOD, FLORIDA 32779

3000002708163-4

12/03/98-01115-013

****758.75 ****758.75

12/8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUCKER, CARTER
512 SPRING CLUB DR.
ALTAMONTE SPRINGS FL 32714

Name

CARTER RUCKER

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

3152 PENWA COURT

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

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

Carter Rucker

REGISTERED AGENT MUST SIGN

REQUIRED

Date **12/1/98**

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:

Carter Rucker

CARTER RUCKER

12/1/98

888-663-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (0/98)