

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

99 MAY 28 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION 98/99 AC REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000092730**

1. Corporation Name
FIREFLY International, Inc.

Principal Place of Business 2523 South Ferdon Blvd. Suite 1776 Crestview, FL 32536	Mailing Address 2523 South Ferdon Blvd. Suite 1776 Crestview, FL 32536
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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		4. Date Incorporated or Qualified To Do Business in Florida October 24, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3492350	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$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/S	Tom H. Eggers, Jr.	2523 S. Ferdon Blvd. Suite 1776	Crestview, FL 32356

500002893065--4
-06/02/99--01084--017
****308.75 ****308.75

Handwritten signature/initials

8. Name and Address of Current Registered Agent Les W. Burke, Esq. Burke & Blue, P.A. 221 McKenzie Avenue Panama City, FL 32401	9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code _____
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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: *Les W. Burke* REGISTERED AGENT MUST SIGN Date: **5/24/99**

11. This corporation owes 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: *Tom H. Eggers, Jr.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **28 May 1999** Daytime Phone #: **(850) 683-4119 (850) 862-3924**

CR2E081 (12/98)

FIREFLY® International, Inc.

2523 SO. Ferdon Blvd.; Suite 1776; Crestview, FL 32536
PHONE-(850) 683-4119 FAX-(850) 689-0882

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

27 May 1999

ATTN: MR. SHAUN TONAR, DIRECTOR
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314
(850) 487-6059

SUBJECT: REINSTATEMENT OF CORP. FOLLOWING NON-RECEIPT OF 1998 ANNUAL RPT. FORMS

DEAR MR. SHAUN TONAR:

This letter is to confirm our "Non Receipt of the 1998 ANNUAL REPORT DOCUMENTS at our address of 2523 South Ferdon Blvd.; Suite 1776; Crestview, FL 32536". We've had this address for over one year and I did send in a Change of Address form to The Department of State when the office address of changed.

Enclosed I have completed the APPLICATION FOR REINSTATEMENT and the required Three Hundred Dollars(\$300.) as I was instructed. Thank you, Sir, for your assistance in the processing of this very important Reinstatement. I've enclosed a Pre-Paid/Self Addressed Return Mail Package for your convenience in sending back to me the completed forms establishing our company's Reinstatement.

Sir, your assistance is most appreciated. If there is any question, PLEASE CALL ME COLLECT=(850) 683-4119! I will do whatever is necessary to secure my company's reinstatement at the earliest/quickest manner as possible.

Sincerely,

Tom H. Eggers, Jr.
Tom H. Eggers, Jr.
inventor/Pres.


ENCLOSURES:

STATE OF FL-APP.FOR REINSTATEMENT

PAYMENT-\$300.(Check No. 0718)

"SELF ADDRESSED/PRE-PAID RTN ENVELOPE"

\$8.75=CERTIFICATE OF STATUS(YES,Desired)

TOM H EGGERS JR 09-97		0718
THOMAS H EGGERS SR		
HM 850-882-3924		
2523 SOUTH FERDON BLVD		
CRESTVIEW, FL 32536		
DATE	28 May 1999	63-373/632-05
PAY TO THE ORDER OF	DEPARTMENT OF STATE	\$ 308.75
Three Hundred and Eight and ⁷⁵ /100-----		DOLLARS <input checked="" type="checkbox"/> Security Features Included Details on back
 Vanguard Bank & Trust Company <small>25 A John Lewis Parkway Tallahassee, FL 32310 An Affiliate of Synovus Financial Corp.</small>		SIGNATURE GOLD
FOR REINSTATEMENT CHARGE & REQD CERTIFICATE OF STATUS		<i>Tom H. Eggers, Jr.</i> Tom H. Eggers, Jr.

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