

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000102392

1. Corporation Name

VIRTUALPTT, INC.

Principal Place of Business

4819 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901

Mailing Address

1819 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901

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

2. New Principal Office Address, If Applicable

302 E. Strawbridge Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

302 E. Strawbridge Ave
Suite, Apt. #, etc.

City & State

Melbourne FL
Zip 32901 Country USA

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Melbourne FL
Zip 32901 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1997

5. FEI Number

59-3479823

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	BURCH, L LEO	1819 SOUTH RIVERVIEW DRIVE	MELBOURNE FL 32901
OFF-D	FORD, MICHAEL K Clifford Michael K	1819 SOUTH RIVERVIEW DR.	MELBOURNE FL 32901
D	STEWART, JERRY	1819 SOUTH RIVERVIEW DRIVE	MELBOURNE FL 32901

8. Name and Address of Current Registered Agent

BURCH, L LEO
1301 BARBER STREET
SEBASTIAN FL 32958

9. Name and Address of New Registered Agent

Name
Michael K. Clifford
Street Address (P.O. Box Number is Not Acceptable)
302 E. Strawbridge Ave
Suite, Apt. #, Etc.

City
Melbourne

State Zip Code
FL 32901

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

1/20/99
102 E. 8th
(See other side for information
on intangible tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

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 included 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 1/20/99
Daytime Phone #