

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 15 PM 12:40

DOCUMENT # P98000000634

1. Corporation Name

INTRATECH ALLIANCE, CORP.

Principal Place of Business

Mailing Address

~~3154 S FULMER CIRCLE~~
~~TALLAHASSEE FL 32303~~

~~3154 S FULMER CIRCLE~~
~~TALLAHASSEE FL 32303~~



REINSTATEMENT 00

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

01/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

215 W. Jefferson St

P O Box 15527

City & State

City & State

Quincy FL

Tallahassee FL

Zip

Country

Zip

Country

32351

USA

32317

USA

5. FEI Number

59-3493185

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
P	EASTLAND, ANGELA J	3154 S FULMER CIRCLE	TALLAHASSEE FL 32303
VP	GAUSS, STEPHEN A	3154 S FULMER CIR	TALLAHASSEE FL 32303
P	Gauss, Stephen A	215 West Jefferson St	Quincy FL 32351
			200003496262--9 -12/12/00--01012--001 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAUSS, STEPHEN A
3154 S FULMER CIRCLE
TALLAHASSEE FL 32303

Name

Stephen A. Gauss

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

215 W. Jefferson St

Suite, Apt. #, Etc.

Suite C

City

Quincy

State

Zip Code

FL

32351

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

Signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/00

Daytime Phone #

850-627-7231