

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013032

1. Corporation Name

Dependable, Inc.

2. Principal Office Address

9675 Bardmoor Blvd

3. Mailing Office Address

9675 Bardmoor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, Florida

City & State

Largo, Florida

Zip

33777

Country
USA

Zip

33777

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

February 9, 1998

5. FFL Number

593499323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carol McAtee

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

5401 Central Ave

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33710

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carol McAtee
REGISTERED AGENT MUST SIGN

Date

9-22-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pstd	Peter Nemethy	9675 Bardmoor Blvd	Largo, Florida 33777
vd	Dawn Nemethy	9675 Bardmoor Blvd	Largo, Florida 33777

10. 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 contained in Chapter 119, 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:

Peter Nemethy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Nemethy

9-21-06

Date

727-463-5557

Daytime Phone #

OCT 10 2006