

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

01 JAN 12 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000024205**

1. Corporation Name

**CONTACT AMERICA GROUP, INCORPORATED**

Principal Place of Business

3062 PRESTIGE DRIVE  
CLEARWATER FL 33759

Mailing Address

3062 PRESTIGE DRIVE  
CLEARWATER FL 33759



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

03/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3499641

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4. City/State/Zip
P	WALDRON, AARON P	1958 LOS LUMAS DR	CLEARWATER FL 33763
V	WALDRON, PETER	3062 PRESTIGE DR	CLEARWATER FL 33759
S	Pamela Waldron	3062 Prestige Dr.	Clearwater, FL 33759

**REINSTATEMENT**

2000-01  
*[Signature]*

8. Name and Address of Current Registered Agent

WALDRON, PAMELA C  
3062 PRESTIGE DRIVE  
CLEARWATER FL 33759

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State Zip Code

400003601684--4

-01/30/01--01076--002

\*\*\*\*150.00 \*\*\*\*150.00

FL

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: Pamela Waldron]*  
REGISTERED AGENT MUST SIGN

Date 12-20-00

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: Pamela Waldron]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-00 727-669-1408

CR2E040 (9/00)