

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

Mailing Address

3062 PRESTIGE DRIVE
 CLEARWATER FL 33759

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

Not Applicable

City & State

City & State

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)

400003601684--4

| 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 | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALDRON, PAMELA C
 3062 PRESTIGE DRIVE
 CLEARWATER FL 33759

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 400003601684--4
 City
 State Zip Code
 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

Pamela Waldron (Secretary)
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela Waldron (Secretary) 12-20-00 727-669-1408

Date

Daytime Phone #

CR2E040 (9/00)