

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000076552

1. Corporation Name

PLACEWAY, INC.

2. Principal Office Address

8162 Oakland Place

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32819

Country

USA

3. Mailing Office Address

8162 Oakland Place

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32819

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/02/1998

5. FEI Number

59-3538348

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED
01 AUG 28 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/06/01--01046--007

***908.75 ***908.75

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7. Name and Address of Current Registered Agent

Name

John L. Eichelberger

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

8162 Oakland Place

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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**

John L. Eichelberger
REGISTERED AGENT MUST SIGN

Date

8/19/01

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
D	John L. Eichelberger	8162 Oakland Place	Orlando, FL 32819

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 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:

John L. Eichelberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Eichelberger

Date

8/19/01

Daytime Phone #

CR2E081 (9/00)