

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT -3 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092677

1. Corporation Name

SIC ACQUISITION, INC.

2. Principal Office Address

707 N. FRANKLIN STREET

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33602

Country

HILLSBOROUGH

3. Mailing Office Address

707 N. FRANKLIN STREET

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33602

Country

HILLSBOROUGH

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

10/28/98

5. FEI Number

593540017

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

JEREMY E. GLUCKMAN

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

707 N. FRANKLIN STREET, FOURTH FLOOR

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33602

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

Jeremy E. Gluckman

REGISTERED AGENT MUST SIGN

Date 9/27/01

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
P D	JOHN T. DONAHUE III	707 N. FRANKLIN ST., 4th FL.	TAMPA, FL 33602

REINSTATEMENT 01

med

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 T. Donahue III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/01

Date

707 285-1800

Daytime Phone #

CR2E081 (9/00)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

31c Acquisition, Inc.

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
✓ Annual Report / Reinstatement _____
Cert. Copy _____
✓ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

RECEIVED
01 OCT - 3 AM 10:43
DIVISION OF CORPORATION

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____