

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000098240

1. Corporation Name

YOUR INFO SOURCE, INC.

Principal Place of Business

7503 GRAND BLVD
PORT RICHEY FL 34668

Mailing Address

PO BOX 1804
NEW PORT RICHEY FL 34656

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

59-3546899

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CUNNINGHAM, KENNETH A	7503 GRAND BLVD	PORT RICHEY FL 34668

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUNNINGHAM, KENNETH A
7503 GRAND BLVD
PORT RICHEY FL 34668

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Kenneth A. Cunningham

REGISTERED AGENT MUST SIGN

Date

3/29/04

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:

Kenneth A. Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04
Date

777 859-0311
Daytime Phone #

10/25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 22 PM 3:52

REINSTATEMENT



400031763404
04/05/04--01007--006 **750.00

400031763404
10/22/04--01030--006 **150.00

CR2E040 (7/03)