

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 NOV -1 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000012946**

1. Corporation Name

CHECK-ME-OUT, COM, INC.

2. Principal Office Address

1117 PONTE VEDRA BLVD.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip
32082

Country

ST. JOHNS

3. Mailing Office Address

1117 PONTE VEDRA BLVD.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

ST. JOHNS

700004669457--9

-11/06/01--01076--019

******300.00 ****300.00**

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/99

5. FEI Number

59-3613057

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

KENNETH L. UNDERWOOD

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

1117 PONTE VEDRA BLVD

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State
FL

Zip Code

32082

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/30/2001**

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	KENNETH L. UNDERWOOD	1117 PONTE VEDRA BLVD	PONTE VEDRA BEACH, FL 32082
VP	VIRGINIA R. UNDERWOOD	1117 PONTE VEDRA BLVD	PONTE VEDRA BEACH, FL 32082

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01 (904) 285-0338
Date Daytime Phone #

CR25061 (9/00)

October 30, 2001

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of "Check-Me-Out.com, Inc."

Dear Sir or Madam:

Please accept this application for reinstatement and check for the purpose of reinstating Check-Me-Out .com, Inc. to active status. I discovered today via the Internet that it has been administratively dissolved. I am requesting a waiver of late fees due to the fact that I didn't receive the renewal notices. This probably resulted because I moved to a new address in late 1999. I have enclosed a record from the St. Johns County Property Appraiser's office that indicates the date that I purchased my current residence. If you have any questions, please call me at 904-285-0338. Thank you for your assistance.

Best regards,

Ken Underwood

202