

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000015473

1. Corporation Name

THE SEMPER PARATUS GROUP, INC.

Principal Place of Business

605 TOWNSEND ROAD
COCOA FL 32926

Mailing Address

P.O. BOX 1807
PORT CANAVERAL FL 32920

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

2. New Principal Office Address, If Applicable

6767 NORTH WICKHAM RD
Suite, Apt. #, etc.
400

3. New Mailing Office Address, If Applicable

6767 NORTH WICKHAM RD.
Suite, Apt. #, etc.
SUITE 400

City & State

MELBOURNE, FLA.

City & State

MELBOURNE

Zip

32940

Country

USA

Zip

FL

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1999

5. FEI Number

59-3559176

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ENDERG, LAURAN RUSSELL, LAURA E.	588 NORTH WICKHAM ROAD #46 426 DOVE LANE	MELBOURNE FL 32935 SATELLITE BEACH, FL 32937
D	RUSSELL, JUSTIN THOMAS	588 NORTH WICKHAM ROAD #46 426 DOVE LANE	MELBOURNE FL 32935 SATELLITE BEACH, FL 32937
D	KOIVU, MARTIN S	605 TOWNSEND ROAD	COCOA FL 32926
D	LINDBERG, CATHLEEN	460 21ST COURT	VERO BEACH FL 32962
			100003455261--1 -11/07/00--01069--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

RUSSELL, JUSTIN THOMAS
605 TOWNSEND ROAD
COCOA FL 32926

6767 NORTH WICKHAM RD.
SUITE 400
MELBOURNE, FL 32940

9. Name and Address of New Registered Agent

Name
JUSTIN THOMAS RUSSELL
Street Address (P.O. Box Number is Not Acceptable)
6767 NORTH WICKHAM RD.
Suite, Apt. #, Etc.
SUITE 400
City
MELBOURNE
State
FL
Zip Code
32940

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/16/00

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

10/16/00
Date

321-751-9317
Daytime Phone #

KE