

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000019710

1. Corporation Name

RSIGHT, INC.

Principal Place of Business

1060 W STATE RD 434
SUITE 240
LONGWOOD FL 32750

Mailing Address

1060 W STATE RD 434
SUITE 240
LONGWOOD FL 32750

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

02/26/1999

5. FEI Number

59-3565928

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
PST	CASELL, STEPHEN F	1951 LOST SPRING COURT 16 Trilby Branch Rd. Longwood, FL. 32750	LONGWOOD FL 32750

7000000066827
11/07/02--01053--009 **750.00

8. Name and Address of Current Registered Agent

CASELL, STEVE
1951 LOST SPRING COURT
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name Steve Cassell
Street Address (P.O. Box Number is Not Acceptable) 2419 E. Commercial Blvd.
Suite, Apt. #, Etc. Suite 307
City Ft. Lauderdale State FL Zip Code 33308

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/1/02

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

11/1/02 407-265-7100
Date Daytime Phone #

CR2E040 (8/02)