

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P9900002 3333*

1. Corporation Name

Sourcetronics Holdings, Inc.

2. Principal Office Address

2101 IH 35 South

Suite, Apt. #, etc.

#402

City & State

Austin, TX

Zip

78741

Country

USA

3. Mailing Office Address

2801 Ocean Drive

Suite, Apt. #, etc.

#202-A

City & State

Vero Beach, FL

Zip

32963

Country

USA

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

3/15/99

5. FEI Number

650998407

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

KIRK HOOD

REGISTERED AGENT MUST SIGN

ASSISTANT SECRETARY

Date *10/14/03*

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
CEOD	Wayne Moran	2101 IH 35 South, #402	Austin, TX 78741
PSD	James Parkhill	2101 IH 35 South, #402	Austin, TX 78741

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:

Wayne W. Moran CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

512-731-4585

FILED
03 OCT 15 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600024241946
10/29/03--01012--031 *\$250.00
REINSTATEMENT 03

CR/E081 (10/02)