

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 AM 8:56

DOCUMENT # **D 99000024594**

1. Corporation Name

NEWSOME, INC.

500023558525
10/06/03--01002--012 **908.75

REINSTATEMENT 02-03

2. Principal Office Address 8620 NW 13 ST. #414		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State	
Zip 32653	Country ALACHUA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/17/99	
5. FEI Number 59-3564087	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MITCHELL R. NEWSOME		
Street Address (P.O. Box Number is Not Acceptable) 8620 NW 13TH ST. #414		
Suite, Apt. #, Etc.		
City GAINESVILLE	State FL	Zip Code 32653

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 **Mitchell R. Newsome** Date **9/24/03**
REGISTERED AGENT MUST SIGN

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
D/VP SECRETARY	MITCHELL NEWSOME	8620 NW 13 ST #414	GAINESVILLE, FL 32653

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: **Mitchell R. Newsome** Date **9/24/03** Daytime Phone # **352-338-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE081 (10/02)