

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000035684

1. Corporation Name

DETERMINATORS, INC.

2. Principal Office Address

3. Mailing Office Address

10313 Thompson Pl

10313 Thompson Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clermont, FL

Clermont, FL

Zip

Country

Zip

Country

34711

Lake

34711

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/99

5. FEI Number

59-3557028

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

Janet L. DEARDORFF

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

10313 Thompson Place

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

J. Deardorff
REGISTERED AGENT MUST SIGN

Date

4-29-02

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

PSD Janet L. Deardorff 10313 Thompson Pl Clermont, FL 34711

VD RICHARD A. Deardorff 10313 Thompson Place Clermont, FL 34711

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:

J. Deardorff Janet L. Deardorff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-02

Daytime Phone #

352-394-1394
20 5/9/02