


2000-05 Reil/afz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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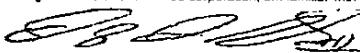
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <p>Productivity, Inc. P99000039538</p>	
2. Principal Office Address 1448 The Crossings	3. Mailing Office Address 1448 The Crossings
State ADL # etc. City & State Niceville, Florida	State ADL # etc. City & State Niceville, Florida
Zip 32578 Country United States	Zip 32578 Country United States

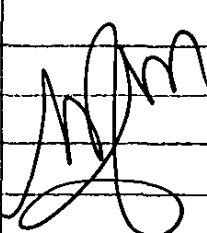
8/9/05 01028 - 014 - 908.75


4. Date incorporated or due fees To Do Business in Florida 4/26/1999	
5. FE NUMBER 59-3576669	Added For Not Added For
6. BEST DATE OF STATUS DEC. REC. <input type="checkbox"/>	8.75 Additional Fee Waiver For a Corporation of Florida

7. Name and Address of Current Registered Agent		
Name RUNNELS, DAVAGE J III		
Street Address, P. O. Box Number, Not Acceptable. 36468 EMERALD COAST PARKWAY		
State ADL # etc.		
City Destin	State FL	Zip Code 32541

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 	Date 8/16/2005
REGISTERED AGENT MUST SIGN	

9. Name and Street Addresses of Each Officer and Director (Florida non-profit corporations must list all past 3 directors)			
Title	Name of Officers and Directors	Street Address of Each Officer and Director	City, State, Zip
D	COCKRUM, JAMES V	1448 The Crossings	Niceville, Florida 32578

 8/16

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)(b), 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: 	Date 8/16/2005
SIGNATURE AND TITLE OF OFFICIAL FILE NAME OF SIGNING OFFICIAL OR DIRECTOR	

Aug 16 05 12:25p

*zeel*

## PRODUCTIVITY, INC.

August 16, 2005

Michelle Milligan  
Florida Department of State  
Division of Corporations  
409 East Gaines St  
Tallahassee, FL 32399

Michelle;

Thanks for speaking with me Monday afternoon and for helping me clear up the confusion surrounding the reinstatement rejection for Productivity, Inc.


Please find enclosed another application for reinstatement for Productivity, Inc. and a copy of the cancelled check for \$908.75 to cover the missed filing fees which was processed by my bank on August 11.

I apologize for the misunderstanding regarding the required content of the letter requesting the waiver of the reinstatement fee. The reason that I am requesting waiver is that I did not receive the notice of the required filing in the year 2000.

Thanks for your assistance! I'm trying to complete this as quickly as possible as I was unaware of the administrative dissolution and want to correct the situation as quickly as possible.

If you require further information or wish to contact me, please feel free to call me at 850-582-1418 or e-mail me at [consult@jvc2.com](mailto:consult@jvc2.com).

Thank you.

  
James Cockrum  
Director  
Productivity, Inc.  
enc(1)



Productivity, Inc.  
1448 The Crossings  
Niceville, FL 32578

PHONE (850) 582-1418  
FAX (678) 935-7141  
E-MAIL [consult@jvc2.com](mailto:consult@jvc2.com)  
WEB SITE <http://www.jvc2.com>