


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000062135**

1. Corporation Name

SOMEWHERE ON LOCATION, INC.

Principal Place of Business

Mailing Address

**105 PINEAPPLE LANE
ALTAMONTE SPRINGS FL 32714**

**105 PINEAPPLE LANE
ALTAMONTE SPRINGS FL 32714**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1999

5. FEI Number

57-3636576
APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CARON, JAMES	105 PINEAPPLE LN	ALTAMONTE SPRINGS FL 32714
D	WECKERLE, JOSEPH A	2006 GERDA TERR.	ORLANDO FL 32804
D	SAUDERS, MICHAEL C	GREAT NORTH RD	CONINGTON, PETERBOROUGH

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CARON, JAMES
105 PINEAPPLE LANE
ALTAMONTE SPRINGS FL 32714**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0405, F.S.

Signature of
Registered Agent


REGISTERED AGENT MUST SIGN

Date

10-10-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-01

CR2ED40 (8/01)