

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 17 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066796

1. Corporation Name

Touchport, Inc.

2. Principal Office Address

200 Colonial Center Parkway

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Lake Mary, FL

Zip

Country

32746

U.S.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 7-28-99**

5. FEI Number
593592741

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

~~Melnik, David S.~~ Richard Rodgers

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

~~200 Colonial Center Parkway~~ 301 E. Pine Street

Suite, Apt. #, Etc.

~~Suite 300~~

Suite 1400

City

~~Lake Mary~~

Orlando

State

FL

Zip Code

~~32746~~

32801

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 9-15-04

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	Melnik, David S.	200 Colonial Center Pky., Suite 300	Lake Mary, FL 32746

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-04

Date

(407) 333-4100

Daytime Phone #

CR2E081 (01/04)