

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074768

1. Corporation Name

DRAW TECH, INC.

2. Principal Office Address - No P.O. Box #

409 E. OAKLAND AVE

Suite, Apt. #, etc.

SUITE C

City & State

OAKLAND, FL

Zip

34787

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700179438987
04/30/10--01046--016 **750.00

REINSTATEMENT

06-10

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/99

5. FEI Number

593594092

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

TIMOTHY P. LYONS

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

409 E. OAKLAND AVE

Suite, Apt. #, Etc.

SUITE C

City

OAKLAND

State

FL

Zip Code

34787

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **04/26/2010**

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
PD	TIMOTHY P. LYONS	13251 LONG PINE TRAIL	CLERMONT, FL 34711
VD	STEPHEN J. LASTINGER	30 ORANGE TREE CIRCLE	WINTER GARDEN, FL 34787
S	JACKIE L. LASTINGER	30 ORANGE TREE CIRCLE	WINTER GARDEN, FL 34787
T	NANCIE E. LYONS	13251 LONG PINE TRAIL	CLERMONT, FL 34711

10. E-mail Address: **TIMLYONS@DRAWTECH.COM**

(To be used for future annual report notification)

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. I further certify, 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:

TIMOTHY P. LYONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2010

Date

828-361-6669

Daytime Phone #