

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000098887**

1. Corporation Name

OPTICTREK, INC.

Principal Place of Business

Mailing Address

~~10540 WOOLWORTH AVE.~~
~~OMAHA NE 68124~~

~~10540 WOOLWORTH AVE.~~
~~OMAHA NE 68124~~

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.

11240 Davenport Street

Suite, Apt. #, etc.

11240 Davenport Street

City & State

Omaha, NE

City & State

Omaha, NE

Zip

68154

Country

USA

Zip

68154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1999

5. FEI Number

22-3688336

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
DC	ENTREKIN, DAVID	12105 WEST CENTER RD., PMB282	OMAHA NE 68144
DP	ABBOTT, GEORGE	10540 WOOLWORTH AVENUE	OMAHA NE 68124

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04/07/04--01034--007 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Michael R. Smith
MICHAEL R. SMITH
REGISTERED AGENT MUST SIGN

Date

4/5/04

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:

George A. Abbott
GEORGE A. ABBOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)