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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 AM 8:00

DOCUMENT # **506849**

1. Corporation Name

ESTIMATED PROPHET INC.

REINSTATEMENT 97-04

2. Principal Office Address

5402 LONGBOAT BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

Zip

33615

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3029728

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

600027378506
01/22/04--01007--025 **1215.00
MRS

7. Name and Address of Current Registered Agent

Name

WALTER C. COPELAND

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

5402 LONGBOAT BLVD E.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

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

Walter C. Copeland

Date

1-14-04

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
SECRETARY	WALTER C. COPELAND	5402 LONGBOAT BLVD E.	TAMPA, FLORIDA 33615
PRESIDENT	SCOTT STEMM	5719 LONGBOAT BLVD E	TAMPA, FLORIDA 33615

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:

Walter C. Copeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/04 813-282-3400

Daytime Phone #

CR2E081 (10/02)

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January 14, 2004

Florida Department of State
Corporation Reinstatement
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Estimated Prophet Inc.

Gentlemen:

Enclosed is our application for reinstatement together payment in the amount of \$1,215.00.

We hereby respectfully request that the penalty for reinstatement be abated due to not having received the notices for the annual reports.

The notices were going to the former officer of the company whose stock was redeemed completely and at that time he resigned as an officer. He had been traveling extensively and due the combination of his resignation and travel, the notices of the annual reports were not properly received.

I am the new authorized officer of the company and having discovered that the corporate charter was dissolved involuntarily, have now taken steps to cure this oversight.

Since the dissolution was a result of not receiving the notices, we hereby request that the payment enclosed be accepted to reinstate the corporate charter and any penalties be abated.

Very truly yours,



Walter C. Copeland
Secretary
Estimated Prophet, Inc.