

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52724

1. Corporation Name

GROUP 206 TECHNOLOGIES, INC.

Principal Place of Business

6705 NW 24TH PLACE
GAINESVILLE FL 32606
US

Mailing Address

6705 NW 24TH PLACE
GAINESVILLE FL 32606
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
16714 NE 124 AVE
City & State
WALDOO FL
Zip
32694 Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
16714 NE 124 AVE
City & State
WALDOO FL
Zip
32694 Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1991

5. FEI Number

59-3089325

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WATTS, J. CRAIG	6705 NW 24TH PLACE	GAINESVILLE FL

900002363459--6
-12/04/97--01107--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KNELLINGER, RICHARD M.
2915 N.W. 13TH STREET
SUITE 305
GAINESVILLE FL 32609

9. Name and Address of New Registered Agent

Name

J. CRAIG WATTS

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

16714 NE 124 AVE

Suite, Apt. #, Etc.

City

WALDOO

State

FL

Zip Code

32694

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/17/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

352-375-8596

Date

11/17/97
Telephone #