

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
JUL 29 1992
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # **S80140**

1. Corporation Name

GEOGRAPHIC SCIENCES, INC.

Principal Place of Business

**4609 LOWELL AVE
TAMPA FL 33629**

Mailing Address

**4609 LOWELL AVE
TAMPA FL 33629**



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-9308800

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	COBB, SANDRA H	4609 LOWELL AVE	TAMPA FL 33629
V	MERRIMAN, RANDLE E	15703 WARBLER PL.	TAMPA FL 33624

4000008727354
10/31/02--01047--028 **150.00

8. Name and Address of Current Registered Agent

**COBB, SANDRA H
4609 LOWELL AVE
TAMPA FL 33629**

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-23-02**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02

11/3/02



4609 Lowell Avenue
Tampa, Florida 33629
(813) 835-6277
(813) 832-4734 (Fax)
email: geoscinc@gte.net
www.geographicsciences.com

Oct. 23, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sirs,

Geographic Sciences, Inc. did not receive the first two UBR notices for 2002 and thus they were not filed. Due to that, please find enclosed an Application for Reinstatement along with a corporate check to cover the \$150.00 filing fee. Thank you for your diligence in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Sandra Cobb'.

Sandra Cobb
President
Monster Smarts, Inc.