

192
PLEASE READ ALL INSTRUCTIONS BEFORE

APPROVAL
AND
FILED

05 MAY 11 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V55475**

1. Corporation Name

FIVE EIGHT EIGHT TWO INC

REINSTATEMENT **04-05**

2. Principal Office Address

3830-5 Williamsburg Pk Blvd

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32257

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

593141690

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

CHRISTINE ROSS

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

1076 MAINSAIL LANE

Suite, Apt. #, Etc.

700054669517

05/17/05--01033--010 *300.00**

City

Jacksonville

State

FL

Zip Code

32259

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

Christine Ross

Date **3-8-05**

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
P	ROSS, Christine	1076 MAINSAIL LANE	Jacksonville FL 32259
VP	ROSS, Michael	"	"
S	ROSS, Michael	"	"
T	ROSS, Christine	"	"

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:

Christine Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

9047332222

Daytime Phone #

CR2E081 (01/05)

292

5882, Inc

3830-5 Williamsburg Park Blvd
Jacksonville, FL 32257
904-733-2222
904-733-2262 (fax)

March 8, 2005

To: Florida Department of State
From: Chris Ross, President
Re: Reinstatement

While researching an item online I came across our corporation's inactive status. I also noticed that while the physical address had been updated, the mailing address was still incorrect. I can only surmise that is why I did not receive a filing form for 2004. I have enclosed the annual fee of \$150 and respectfully request that the reinstatement fee be waived since I did not receive a notice. Also, please update the mailing address on this corporation to avoid this problem in the future. If there are any questions or problems, please call me at 904-733-2222. Thank you for your attention to this matter.