

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64785

1. Corporation Name

SETAG, INC.

Principal Place of Business

3070 NEW TAMPA HWY.
LAKELAND FL 33801

Mailing Address

3070 NEW TAMPA HWY.
LAKELAND FL 33801



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

REINSTATEMENT

To Do Business in Florida

09/11/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33815

33815

5. FEI Number

59-3142506

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
D	GATES, CHARLOTTE M.	1690 GAMEWELL TRAIL	LAKELAND FL
P/D	WILSON, ZANE A.	100 S. Kentucky #285	Lakeland FL 33801

500003099165-2
-01/14/00--01072--018
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

MCRAE, JENNIFER
20 NORTH ORANGE AVE
RISHER RUSHMEN, PA)
ORLANDO FL 32802

9. Name and Address of New Registered Agent

Name

ZANE WILSON

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

100 S. KENTUCKY AVE

Suite, Apt. #, Etc.

285

City

Lakeland

State

FL

Zip Code

33801

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

Jane [Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Dec 28, 1999

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 28, 1999

863-683-1926

Date

Daytime Phone #

cel - 941-712 3078

CR2E040 (8/99)