

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

V64785

1. Corporation Name

SETAG, INC.

Principal Place of Business

Mailing Address

3070 NEW TAMPA HWY.
LAKELAND FL 33801

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1992

SP

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.	1817 MASTERS LANE 1690 GAMEWELL TRAIL	LAKELAND FL 33810
PD	WILSON, ZANE A	100 S. KENTUCKY, #285 2850 New Tampa Hwy	LAKELAND FL 33801 33815

100003533581--8
-01/11/01--01100--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WILSON, ZANE
100 S. KENTUCKY AVENUE
285
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name

CHARLOTTE GATES

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

1817 MASTERS LANE

Suite, Apt. #, Etc.

LAKELAND

City

FL

State

Zip Code

33810

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

Charlotte Gates

REGISTERED AGENT MUST SIGN

Date 12/28/2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/00 863-683-1926

Daytime Phone #

CR2E040 (8/00)