

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

**CORPORATION
REINSTATEMENT**

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS

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DOCUMENT # P97000098958

1. Corporation Name

ACTS II AND ASSOICATES, INC.

2. Principal Office Address

23072 MARSH LANDING BLVD.

Suite, Apt. #, etc.

City & State

ESTERO, FL

Zip

33928

Country

USA

3. Mailing Office Address

C/O RICHARD L. SWOPE, CPA

Suite, Apt. #, etc.

P.O. BOX 111419

City & State

NAPLES, FL

Zip

34108-0124

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/97

5. FEI Number

59-3494863

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

BLACK, MARGARET P.

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

23072 MARSH LANDING BLVD.

Suite, Apt. #, Etc.

City

ESTERO

State

FL

Zip Code

33928

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

Margaret P. Black

REGISTERED AGENT MUST SIGN

Date

2/26/02

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 |
|----------|--------------------------------------|---|-------------------------|
| D | BLACK, MARGARET P. | 23072 MARSH LANDING BLVD. | ESTERO, FL 33928 |
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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:

Margaret P. Black **MARGARET P. BLACK** **2/26/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #