

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F01000003302

1. Corporation Name

S&A SERVICES OF WATERTOWN, LTD., INC.

Principal Place of Business

Mailing Address

~~PO BOX 410
 DANVERS MA 01923~~

PO BOX 410
 DANVERS MA 01923



700008769157
 11/04/02--01004--026 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

167 Polk Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/19/2001

City & State

Watertown, NY

City & State

5. FEI Number

11-3597154

Applied For

Not Applicable

Zip

13601

Country

USA

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
CPST	SCHREIBER, SUZANNE E	167 POLK ST	WATERTOWN NY 13601

8. Name and Address of Current Registered Agent

LEXIS' DOCUMENT SERVICES INC
 3953 W.W. KELLEY RD.
 TALLAHASSEE FL 32311

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 _____

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

C. Woodgard, as agent, LNSD
 REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

Suzanne Schreiber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

978-722-2800

Daytime Phone #

CR2E040 (8/02)

S & A SERVICES, LTD.

167 Polk Street

Watertown, NY 13601

Telephone (315) 786-5700 Toll Free (866) 558-2845

Hours: Mon.-Wed. 8:00 a.m. to 8:30 p.m. (EST/DST)

Thurs. 8:00 a.m. to 4:30 p.m. (EST/DST)

Fri.-Sat. 8:00 a.m. to 12:00 p.m. (EST/DST)

SEND PAYMENTS TO:

Processing Center

P.O. Box 410

Danvers, MA 01923

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: S & A Services of Watertown, Ltd.

Dear Sir or Madam:

Enclosed is the Application for Reinstatement with respect to S & A Services of Watertown, Ltd., along with the \$150 filing fee. We did not receive the UBR notices, and, therefore, pursuant to the instructions contained in the Notice of Administrative Dissolution or Revocation are not sending the \$600 reinstatement fee.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

S & A SERVICES OF WATERTOWN, LTD.



Suzanne E. Schreiber
President

SES/ksb
Enclosures