

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 13 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003302

1. Corporation Name
S&A Services of Watertown, LTD
167 Polk Street
Watertown, NY 13601

2. Principal Office Address
167 Polk Street

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Watertown, NY 13601

City & State

Zip Country
13601 US

Zip Country

REINSTATEMENT 03
300024082403
10/24/03--01024--010 **758.75

4. Date Incorporated or Qualified To Do Business in Florida
6/19/2001

5. FEI Number Applied For
113597154 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
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City State Zip Code
Tallahassee FL 32301

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 Brian Courtney Date 10/20/03
REGISTERED AGENT MUST SIGN Asst. V. Pres.

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
Pres	Suzanne E. Schreiber	167 Polk St.	Watertown, NY
Sec	Suzanne E. Schreiber	(same)	
Treas	Suzanne E. Schreiber	(same)	
Dir	Suzanne E. Schreiber	(same)	

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: Suzanne Schreiber Date 10/10/03 Daytime Phone # 978 72
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR