

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED AND FILED *pg 1 of 2*

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1997 APR 30 AM 9:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F08860**

1. Corporation Name
SBP, Inc

Principal Place of Business
BARTOW, FL

Mailing Address
**77 Osprey Point DRIVE
 OSPREY, FL. 34229**

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

2. New Principal Office Address, if Applicable as above		3. New Mailing Office Address, if Applicable as above		4. Date Incorporated or Qualified To Do Business in Florida 1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-220063	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Beverly Stackler	77 Osprey Point DRIVE	OSPREY, FL. 34229
Sec/Treas	Robert Prime	77 Osprey Point DRIVE	OSPREY, FL. 34229

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 ****365.00 ****365.00

*td
3/16/97*

8. Name and Address of Current Registered Agent Beverly Stackler 77 Osprey Point Dr Osprey, FL 34229		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code FL

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 **Beverly Stackler** REGISTERED AGENT MUST SIGN Date **April 25 '97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: **Beverly Stackler** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/25/97** Daytime Phone # **(941)966-5550**

Beverly Stackler

CFR2040 (12/96)

98292

Beverly Stackler

Beverly Stackler
77 Osprey Point Dr.
Osprey, FL 34229

April 25 '97

Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL

Dear Sir,
Enclosed is my check for \$365.00 which
your department informed me was the
payment due to you to bring SBP Inc.
current. It appears there was a
clerical error and I never received
any renewal papers.

Sincerely,
Beverly Stackler