PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -7 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/07/08--01037--012 **306.25

DOCUMENT # N38747

1. Corporation Name

Sincerely Santa, Inc.

REINSTATEMENT 07-08

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
5802-A E. Fowler Ave		11802 N 56th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite # 167			
City & State		City & State	
Tampa, Fl		Tampa, Fl	
Zip	Country	Zip	Country
33617	USA	33617	USA

4. Date Incorporated or Qualified To Do Business in Florida 1995

5. FEI Number 59-3013333 ☐ 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: Debra L Hoffman

Street Address (P.O. Box Number is Not Acceptable): 11802 N 56th Street

Suite, Apt. #, Etc.:

City: Tampa, Fl | State: FL | Zip Code: 33617

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Debra L Hoffman Date 11/4/08
REGISTERED AGENT MUST SIGN

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
TD	Debra L Hoffman	11802 N 56th Street	Tampa, Fl 33617
PD	Diane Miller	12807 Twin Branch Acres Rd	Tampa, Fl 33626
VD	David Raasch	24411 Summer Nights Ct	Lutz, Fl 33559

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 contained in Chapter 119, 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: Diane Miller PRESIDENT 11/4/08 (813) 417-1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #