

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 FEB 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051635**

1. Corporation Name

Sendero Group, Inc.

Principal Place of Business

Mailing Address

Orlando FL
801 W. 2nd Ave
Windermere, FL
34786

801 W. 2nd Ave.
Windermere, FL
34786

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

100002103321--1
-03/04/97--01032--006
******923.75 ****923.75**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **3236638**

Applied For

City & State

City & State

59-00000000

☒ Not Applicable

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Chris Foltz	801 W. 2nd Ave.	Windermere, FL 34786
S/T	Nea Foltz	801 W. 2nd Ave.	Windermere, FL 34786

REINSTATEMENT **9/6-97**
A. Allen
2/28/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Nea Foltz
801 W. 2nd Ave.
Windermere, FL
34786

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Nea Foltz

REGISTERED AGENT MUST SIGN

Date **2/27/97**

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:

Chris Foltz

Chris Foltz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

Date

407-877-6967

Daytime Phone #

CR2E040 (12/96)