

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 AR FILED

(1)

DOCUMENT # P94000071640

1. Corporation Name

SENTRA INVESTMENTS, INC.

99 OCT 19 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3971 NW 188ST.
CAROL CITY FL 33055
US

3971 N.W. 188TH STREET
CAROL CITY FL 33055



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

09/29/1994

5. FEI Number

65-0524404

Applied For
Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	FITTS, GEORGE	3971 NW 188TH STREET	CAROL CITY FL

800003026868--6
-10/27/99--01087--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FITTS, GEORGE
3971 N.W. 188TH STREET
CAROL CITY FL 33055

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

REGISTERED AGENT MUST SIGN

Date

10/13/99

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:

George Fitts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99
Date

305-593-7514
Daytime Phone #

②

DRU D. LASHBROOK & ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Dru D. Lashbrook, CPA
Brian H. Wollard, CPA
David J. Fasano, CPA, MBA
Dean R. Lashbrook

*Member of the
Florida Institute of
Certified Public Accountants*

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October 14, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Sentra Investments, Inc.
Document # P94000071640
EIN# 65-0524404

To whom it may concern:

Enclosed please find the Application for Reinstatement and a check for \$150.00 for the above referenced taxpayer. The taxpayer filed the original Annual Report in May 1999. It wasn't until this notice of Administrative Dissolution was the taxpayer aware that the report was never received.

After the taxpayer received your notice, he checked his bank records and the original check for \$150.00 never cleared his account. The taxpayer received your 2nd notice, but assumed that the original report and check was just crossed in the mail.

Please accept the enclosed check for payment on the original Annual Report, as the taxpayer did file the report in a timely manner.

Your consideration in this matter is appreciated. Please contact the taxpayer directly with your determination. If you should have any questions, please contact this office.

Thank you.

Sincerely,

DRU D. LASHBROOK & ASSOCIATES, P.A.

Dru D. Lashbrook, CPA

DDL/kd
Enclosures