


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 518946

1. Corporation Name

SANDERS & SONS, INC.

Principal Place of Business

Mailing Address

21 SANDERS HILL ROAD
SOPCHOPPY FL 32358

21 SANDERS HILL ROAD
SOPCHOPPY FL 32358

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



08-04-03 90138 006 \$ 150.00 03

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1976

5. FEI Number

59-1711543

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CLARICE, SANDERS	21 SANDERS HILL ROAD	SOPCHOPPY FL 32358

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDERS, BILLY RAY
21 SANDERS HILL ROAD
SOPCHOPPY FL 32358

Name

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

Suite, Apt. #, Etc.

City

State

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/03

CR2E040 (7/03)

20f2

August 12, 2003

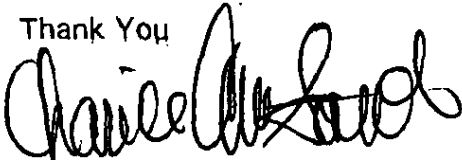
Florida Department of State
Division of Corporations
P O box 6327
Tallahassee Florida 32314

Annual Reports Section

We did not receive our 2003 for Profit UBR report until July 31, 2003. I opened the envelope saw what it was and called my accountant. She told me to sign the form and mail in a check for \$150.00. My accountant said these forms are not readily available. I was not able to file because I did not receive the form until July 31, 2003.

We ask the Department to please abate the penalty you have imposed on our corporation.

Thank You

A handwritten signature in black ink, appearing to read 'Clarice Ann Sanders', written over the printed name.

Clarice Ann Sanders
for Sanders & Sons Inc.