

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **528767**

1. Corporation Name

S & L BUSINESS PRODUCTS, INC.

Principal Place of Business

6600 NORTHWEST 16TH STREET
SUITE 11
PLANTATION FL 33313
US

Mailing Address

6600 NORTHWEST 16TH STREET
SUITE 11
PLANTATION FL 33313
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or qualified
To Do Business in Florida

5. FEI Number

59-1732515

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SNEAD, ROBERT M	4740 NW 10TH CT APT 212	PLANTATION FL 33313
VD	LAIDLAW, ROBERT B	2830 N W 68TH LANE	MARGATE FL

400003046454--5
-11/17/99--01002--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNEAD, ROBERT M.
1060 RENMAR DRIVE
PLANTATION FL 33317

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

Robert M. Sned
REGISTERED AGENT MUST SIGN

Date

11/1/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Sned
Robert M. Sned

Date

11/1/99 (954) 791-6801

Daytime Phone #

FILED

99 NOV -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99R

03/03/1977

CR2004 (6/99)