

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # 677441

1. Corporation Name

SADLER CROOKED LAKE GROVE, INC.

Principal Place of Business

5112 ILE DE FRANCE
PO BOX 235
TALLAHASSEE FL 32308
US

Mailing Address

5112 ILE DE FRANCE
PO BOX 235
TALLAHASSEE FL 32308
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

06/26/1980

5. FEI Number

59-2149970

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	SUSAN M TEEL	5112 ILE DE FRANCE	TALLAHASSEE FL
DVP	GEORGE D TEEL	5112 ILE DE FRANCE	TALLAHASSEE FL
DST	TEEL, SHAHA A	5112 ILE DE FRANCE	TALLAHASSEE FL

600002788766--4
-02/26/99--01078-008
****300.00 ****300.00

8. Name and Address of Current Registered Agent

TEEL, SUSAN M
5112 ISLE DE FRANCE
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SUSAN M TEEL Susan M. Teel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

850-817-0330
Daytime Phone #

CR2040 (9/98)

(2)

To Whom it may Concern:

I did not receive the ^{1st} Notice
of Profit Corp Ann. Report fee due.

Thanked
Stanley