

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 AUG 14 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 741080

1. Corporation Name

THE SAINTS, INC

2. Principal Office Address - No P.O. Box #

3601 LANDINGS WAY DR

Suite, Apt. #, etc.

307

City & State

TAMPA, FL

Zip

33624

Country

UNITED STATES

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1977

5. FEI Number

59-1783198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required  
for a Certificate of Status

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08/14/17--01032--013 \*\*2927.50

82-17

CR22081 (11/10)

7. Name and Address of Current Registered Agent

Name

CURTIS FRAZIER

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

3601 LANDINGS WAY DR. APT 307

Suite, Apt. #, Etc.

APT. 307

City

TAMPA

State

FL

Zip Code

33624

1/10/18 2017

S. PRATHER

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

C. Frazier

REGISTERED AGENT MUST SIGN

Date 8/8/17

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CURTIS FRAZIER	3601 LANDINGS WAY DR #307	TAMPA, FL 33624
V	ALLEN CHISOM	1492 McMAHAN RD	NIANGUA, MO 65713
T	ABIGAIL CHISOM	1492 McMAHAN RD	NIANGUA, MO 65713
S	BETTY Jo FRAZIER	3601 LANDINGS WAY DR #307	TAMPA, FL 33624
D	ERROLL CHISOM	1466 McMAHAN RD	NIANGUA, MO 65713
D	LEAH CHISOM	1466 McMAHAN RD	NIANGUA, MO 65713

10. E-mail Address: lchisomsathome@gmail.com

(To be Used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

C. Frazier CURTIS FRAZIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/17

Date

417 664-1157

Daytime Phone #