

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **F00000003051**

1. Corporation Name

SARAH'S SUNSHADES, INC.

Principal Place of Business

PO BOX 1900
36 MAIN ST.
EDGARTOWN MA 02539

Mailing Address

PO BOX 1900
36 MAIN ST.
EDGARTOWN MA 02539

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

05/30/2000

5. FEI Number

01-0515078

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
PTCD	ALIBERTI, SARAH	36 MAIN ST.	EDGARTOWN MA 02539
C	GOLDBERG, JONATHAN	1 CITY CENTER, 12TH FL	PORTLAND ME 04101

8. Name and Address of Current Registered Agent

~~THOMAS, DAVID
6635 BANNER LAKE CIR., APT. 4107
ORLANDO FL 32821~~

9. Name and Address of New Registered Agent

Name **Andrew Aliberti**
Street Address (P.O. Box Number is Not Acceptable) **8200 Vineland Ave.**
Suite, Apt. #, Etc. **Suite 1230**
City **Orlando** State **FL** Zip Code **32821**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sarah Aliberti** Date **10/15/01** Daytime Phone # **5086936720**

10/15/01



Hello,

On Feb. 19th, 2001 my corporation
sent a check to your office for \$150.
The check has yet to be processed
by my bank, so I am sending a
replacement in that amount.

Thank you for your assistance in
this matter.

Sincerely,

Sarah Aliberti

Sarah Aliberti