

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F00000003821

1. Corporation Name

SRG MANAGEMENT, INC.

Principal Place of Business

Mailing Address

87 ANDOVER LANE
WILLIAMSVILLE NY 14221

87 ANDOVER LANE
WILLIAMSVILLE, NY 14221

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

2. New Principal Office Address, If Applicable

11051 STRINGFELLOW
RD.

3. New Mailing Office Address, If Applicable

SRG MGT INC.
P.O. BOX 1103

Suite, Apt. #, etc.

City & State
BOHEMIA FL.

Zip
33900

Country
USA

City & State
SANIBEL ISLAND FL.

Zip
33957

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/2000

5. FEI Number

16-1589674

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
PSD	GALVIN, RICHARD J	87 ANDOVER LANE	WILLIAMSVILLE NY 14221
		P.O. BOX 1103	SANIBEL ISLAND, FL. 33957
			06/24/04--01045--001 **150.00
			700037342517
			06/24/04--01045--001 **150.00
			700037342517
			05/26/04--01051--011 **750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

5/24/04

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 #

5/20/04 239-565-7332

CR2E040 (7/03)