	F	LEASE READ	ALL IN	STRUCTION	S BEFORE	E COMPL	ETING THIS FO	PM.		
	PLICATION FOR ISTATEM	ON A S	FLORI	DA DEPARTME  Jim Smit  Secretary of  LISION OF CORPO	ENT OF STA <b>th</b> State	TE	FIĽED			
DOCUMENT # F0100003302						, (	D2 HOV -4 AM II	: 4/		
1. Corporation Name S&A SERVICES OF WATERTOWN, LTD., INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal F	lace of Business		Mailing Ad	ddress		_				
. <del>PO-BOX-</del> 4 . <del>DANVERS</del>	10 MA 01923		PO BOX 4 DANVERS	-			117722288752.00			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						. 11/1	04/02010040	26 **19	0.00	
New Principal Office Address, If Applicable     167 Polk Street     Suite, Apt. #, etc.			3. New M	ailing Office Address,	If Applicable	4. Date Inc To Do E	Date Incorporated or Qualified     To Do Business in Florida     O6/		001	
City & State Watertown, NY			City & Stat			5. FEI Nur	5. FEI Number 11-3597154		Applied For	
Zip Country USA			Zip Country			<ul> <li>— 6.</li> <li>CERTIFICATE OF STATUS DESIRED ☐</li> <li>S8.75 Additional Fee required for a Certificate of Status</li> </ul>				
	and Street Addre	sses of Each Officer and/	or Director (F				)			
Title(s)	Sandton Street				treet Address of E officer and/or Direct	icer and/or Director  City / State / Zip				
CPST SCHREIBER, SUZANNE E				167 POLK ST		WATERTO		OWN NY 13601		
					- <del> </del>			, 114	<del> </del>	
			***				-			
·		· · · · · · · · · · · · · · · · · · ·			,					
						<del></del>				
	8. Name ar	nd Address of Current F	legistered Aç	gent	1	9. Name an	d Address of New Regist	arad Agant	_	
LEXIS DOCUMENT SERVICES INC 3953 W.W. KELLEY RD.  TALLAHACCEE FL. 20044					Name	ame				
					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.					
					City	······································	State Zip Code			
D. I, being	appointed the reg	istered agent of the abov	e named corp	poration, am familiar w	I ith and accept the	obligations of Se	ection 607.0505, F.S. or 617	<b>FL</b> 7.0505, F.S.		

Signature of Registered Agent

REGISTERED AGENT JUST SIGN

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 filling 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:

## S & A SERVICES, LTD. 167 Polk Street Watertown, NY 13601

Telephone (315) 786-5700 Toll Free (866) 558-2845 Hours: Mon.-Wed. 8:00 a.m. to 8:30 p.m. (EST/DST) Thurs. 8:00 a.m. to 4:30 p.m. (EST/DST) Fri.-Sat. 8:00 a.m. to 12:00 p.m. (EST/DST)

> SEND PAYMENTS TO: Processing Center P.O. Box 410 Danvers, MA 01923

October 28, 2002

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: S & A Services of Watertown, Ltd.

Dear Sir or Madam:

Enclosed is the Application for Reinstatement with respect to S & A Services of Watertown, Ltd., along with the \$150 filing fee. We did not receive the UBR notices, and, therefore, pursuant to the instructions contained in the Notice of Administrative Dissolution or Revocation are not sending the \$600 reinstatement fee.

If you have any questions, please do not-hesitate to contact me.

Very truly yours,

S & A SERVICES OF WATERTOWN, LTD.

Suzanne E. Schreiber

President 

SES/ksb Enclosures

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