

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2018 JUL 13 PM 12 49

**DOCUMENT #** F06000006700

1. Corporation Name

San Antonio Retail Merchants Association Incorporated

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

555 E Ramsey

Suite, Apt. #, etc.

City & State

San Antonio, TX

Zip

78216

Country

USA

3. Mailing Office Address

555 E Ramsey

Suite, Apt. #, etc.

City & State

San Antonio, TX

Zip

78216

Country

USA

00031584980

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/2006

5. FEI Number

74-0879730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

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

Date

REGISTERED AGENT MUST SIGN

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
	See Attached		
<b>REINSTATEMENT</b>			
			JUL 13 2018
			R. HUNT

10. E-mail Address: dharvey@sarma.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:

*D. Harvey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/18

Date

210-244-4508

Daytime Phone #

**San Antonio Retail Merchants Association  
Officer and Directory List**

<b>Titles</b>	<b>Name of Officer and/or Director</b>	<b>Street Address</b>	<b>City/State/Zip</b>
P/D	Roberto Benavides	555 E Ramsey Rd	San Antonio, TX 78216
V/T/S/D	Dawn Harvey	555 E Ramsey Rd	San Antonio, TX 78216
D	Harry Brusenhan	555 E Ramsey Rd	San Antonio, TX 78216
D	Donald Gudinas	555 E Ramsey Rd	San Antonio, TX 78216
D	George Karutz	555 E Ramsey Rd	San Antonio, TX 78216
D	Jerry Reavis	555 E Ramsey Rd	San Antonio, TX 78216
D	Linda Stolte	555 E Ramsey Rd	San Antonio, TX 78216
D	Joyce Bradfield	555 E Ramsey Rd	San Antonio, TX 78216

JUL 13 2010

R. HUNT

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 7/13/2018

Acc#I20160000072



Name:	San Antonio Retail Merchants Association Incorporated
Document #:	F06000006700
Order #:	11071064

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:		
		Number of Certs:		

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 367.50

13 JUL 2018 10:47  
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Thank you!

JUL 13 2018  
R. HUNT