

MAY-11-2005 11:12

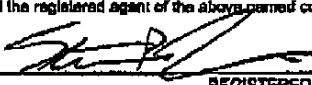
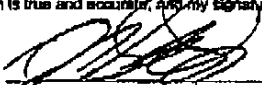
P. 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 MAY 11 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F49043					
1. Corporation Name D. R. Sanders Corp.					
2. Principal Office Address 5854 Butternut Drive			3. Mailing Office Address P.O. Box 344		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State East Syracuse, New York			City & State Syracuse, New York		
Zip 13057	Country USA	Zip 13206	Country USA	4. Date Incorporated or Qualified To Do Business in Florida October 9, 1981	
5. FBI Number 591337644				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				FD-25 Application for Certificate of Status (Rev. 1-1-80)	
7. Name and Address of Current Registered Agent					
Name CT 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 5-11-05	
		STEVEN P. ZIMMER SPECIAL ASSISTANT SECRETARY			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/T/S/D	Donald R. Sanders	5854 Butternut Drive		East Syracuse, New York 13057	
10. 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: 		Donald R. Sanders, President		5/9/05 (315) 474-7541	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

D.R. SANDERS CORP.

Certificate of Status	0
Certified Copy	0
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