

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN 22 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000241

1. Corporation Name

THE SEQUOYA GROUP, INC.

Principal Place of Business

1111 NORTHSHORE DR., STE. S-700
KNOXVILLE TN 37919-4047

Mailing Address

1111 NORTHSHORE DR., STE. S-700
KNOXVILLE TN 37919-4047



9902

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

2. New Principal Office Address, If Applicable

13247 38th ST N
SUITE C

CLEARWATER FL

Zip 33762 Country PINELLES

3. New Mailing Office Address, If Applicable

4808 S TAMIAH TRAIL
SUITE 213

SARASOTA FL

Zip 34231 Country SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1998

5. FEI Number

62-1630771

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	ALTHOFF, RICHARD	75 COCONUT AVE.	SARASOTA FL 34236
S	ALTHOFF, MARTHA	75 COCONUT AVE.	SARASOTA FL 34236
CP	ALTHOFF, RICHARD	4808 S TAMIAH TRAIL SUITE 213	SARASOTA, FL 34231
S	ALTHOFF, RICHARD	4808 S TAMIAH TRAIL SUITE 213	SARASOTA, FL 34231
			800004851008--7 -01/31/02--01051--021 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

ALTHOFF, RICHARD
75 COCONUT AVE.
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name RICHARD ALTHOFF
Street Address (P.O. Box Number is Not Acceptable)
4808 S. TAMIAH TRAIL
Suite, Apt. #, Etc.
SUITE 213
City SARASOTA
State FL Zip Code 34231

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 1/18/2002

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

1/18/2002
Date

727 540 0440
Daytime Phone #

CR2E040 (8/99)