

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 15 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000 241

1. Corporation Name

SEQUOYA GROUP, INC.

REINSTATEMENT 03-05

2. Principal Office Address

100 N WASHINGTON BLVD

3. Mailing Office Address

SARASOTA 100 N. WASHINGTON BLVD

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/98

5. FEI Number

621630771

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

RICHARD ALTHOFF

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

100 N WASHINGTON BLVD

Suite, Apt. #, Etc.

200

City

SARASOTA

State
FL

Zip Code
34236

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date Aug 8 05

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
<u>PRES</u>	<u>RICHARD ALTHOFF</u>	<u>100 N WASHINGTON BLVD</u>	<u>SARASOTA, FL 34236</u>

8/8/05

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD ALTHOFF

Date

8/8/05

Daytime Phone #

9419520330

CR2E081 (01/05)