

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 17 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60260

1. Corporation Name

SLET, INC.

Principal Place of Business

Mailing Address

891 NORTHEAST 88TH ST
MIAMI FL 33138

891 NORTHEAST 88TH ST
MIAMI FL 33138

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1985

5. FEI Number

59-2550665

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	ELLIOTT, ERNEST F.	891 NE 88 ST	MIAMI FL
DS	MCCOURT, SANDRA L.	9125 N. BAYSHORE DR.	MIAMI SHORES FL
DV	MCCOURT, LISA M.	9125 N. BAYSHORE DR.	MIAMI SHORES FL
DT	MCCOURT, TAMMY L.	898 NE 88TH ST.	MIAMI FL

200002353342--3

MIAMI SHORES FL 01091--013
****923.75 ****923.75

REINSTATEMENT

96-97

A. Alan

11/17/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCOURT, TAMMY
898 N.E. 88TH STREET
MIAMI FL 33138

Name

SANDRA McCOURT

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

9125 N. Bayshore Dr.

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

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

Sandra L. McCourt

REGISTERED AGENT MUST SIGN

Date

2-6-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Sandra L. McCourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

Date

308-
754-1708

Daytime Phone #

CR2ED40 (7/96)