

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H460260

1. Corporation Name

SLET IN.
898 NE 88th ST.
MIAMI, FL 33138-0299-6210

Principal Place of Business

Mailing Address

SAME AS ABOVE

99 APR 19 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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

1985 (?)

5. FEI Number

NA ?

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	ERNEST ELLIOTT	898 NE 88 th ST	MIAMI, FL 33138
VP	KELLY ELLIOTT	898 NE 88 th ST	MIAMI, FL 33138
TRES	LISA KELLER	8005 LAKE PINET CT	PLANTATION, FL 33322
SEC	TAMMY MCCURT	102 TOLL GATE LN	ISLAMORDA, FL 33036
			700002861947-3
			05/04/93-01057-008
			***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Tammy McCourt

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

102 TOLL GATE LANE

Suite, Apt. #, Etc

ISLAMORDA

State

Zip Code

FL

33036

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

Tammy McCourt

REGISTERED AGENT MUST SIGN

Date

March 5, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Lisa Keller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 (954)424-5879

Date

Daytime Phone #