PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 SEP 16 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J06495

1. Corporate Name
Sanford & Sanford, INC.

Principal Place of Business
[illegible] Hendrix Ave.
Lkld, FL 33803

Mailing Address

**REINSTATEMENT** 98-99

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 3/21/1986

5. FEI Number 59-2803537 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. New or Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title 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 |
|---|---|---|---|
| | G. Garey Sanford | 539 W. Maxwell St | Lakeland, FL 33803 |
| | Penny L. Sanford | 2320 Ritson Rd | Lakeland, FL 33813 |

700002993387--9
-09/22/99--01006--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name G Garey Sanford
Street Address (P.O. Box Number is Not Acceptable) 539 W. Maxwell St.
Suite, Apt. #, Etc.
City Lakeland | State FL | Zip Code 33803

CR2E081 (12/98)

To the best of my knowledge the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

Date 9/14/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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 [illegible] 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 [illegible] 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 [illegible] application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: G. Garey Sanford 9/14/99 941-686-8361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #