

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR ⁹⁴⁻⁹⁹
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **J49334**

1. Corporation Name

SIROD, INC.

Principal Place of Business

Mailing Address

D7B7A BANANA JOES

**837 North Atlantic Blvd.
Fort Lauderdale, FL 33304**

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

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
Pres.	ROBERT E. LEE	3850 Galt Ocean Mile #202	Fort Lauderdale, FL 33308
Sec'y	ROBERT STREETER	1940 NE 27th Street	Wilton Manors, FL 33306

8. Name and Address of Current Registered Agent

**Steven G. Glickstein
6191 S.W. 45th Street
Davie, Florida 33314**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Steven G. Glickstein
REGISTERED AGENT MUST SIGN

Date **MARCH 9, 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:

Robert E. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

321-9999
Daytime Phone #

FILED
99 MAR 11 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Dec. 17, 1986

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-000-1443

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

Corp 001 (2/99)