

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 FEB -8 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 73090

1. Corporation Name

S+G DeLoach INC

2. Principal Office Address

7717 DALE DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Zip

34668

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 1993

5. FEI Number

65-0108867

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

Guy H. DeLoach

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

7717 DALE DR

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

800004981898--4

-02/21/02--01053--007

***300.00 ***300.00

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

Guy H. DeLoach

REGISTERED AGENT MUST SIGN

Date 02-05-2002

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
Pres	Guy H. DeLoach	7717 DALE DR	Port Richey FL 34668
V.Pres	STACY E. DeLoach	7717 DALE DR	Port Richey FL 34668

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:

Guy H. DeLoach - Guy H. DeLoach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2002

Date

727-863-2225

Daytime Phone #

CR2E081 (9/01)

S&G DE LOACH INC
7717 DALE DR.
PORT RICHEY FL. 34668

05 Feb 2002

To whom it may concern;

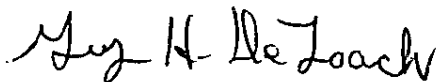
As per telephone conversation with your office I am sending this request for waiver of reinstatement fees due to the fact that this office did not receive the change of address notification that was sent out prior to my moving my office. I understand from my telephone conversation that the annual report was sent back to your office undelivered.

Enclosed please find 300.00 as instructed to cover last years payment as well as this years payment.

Please make note of the mailing address:

S&G DE LOACH
7717 DALE DR.
PORT RICHEY FL. 34668

Thank You,
Sincerely,



Guy H. De Loach Pres.
encl check, reinstatement application