

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K77113**

1. Corporation Name

THE SLOAN-KENDALL GROUP, INC.

Principal Place of Business

**2100 45TH STREET, STE A1A
WEST PALM BEACH FL 33407
US**

Mailing Address

**P.O. BOX 31255
PALM BEACH GARDENS FL 33420-1255
US**

FILED

97 JAN 16 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *96*

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0112673

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	SLOAN-KENDALL, DANESE	5 ALFORD CT.	PALM BCH. GRNDS FL
			700002064557--1 -01/22/97--01101--019 ****375.00 ****375.00
			<i>[Signature]</i> 1/16/97

8. Name and Address of Current Registered Agent

**SLOAN-KENDALL, DANESE
5 ALFORD CT
PALM BEACH GARDENS FL 33418**

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

Danese Sloan-Kendall
REGISTERED AGENT MUST SIGN

Date

1-1-97

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)(l), 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:

Danese Sloan-Kendall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-1-97 561-848-0045