

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

W. SAUSMER, INC.

K83924

REINSTATEMENT 99-03

400014097354
03/14/03--01094--024 **1358.75

2. Principal Office Address

10303 Lima Street

3. Mailing Office Address

10303 Lima Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City, FL

City & State

Cooper City, FL

Zip

33026

Country

US

Zip

33026

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/27/1989

5. FEI Number

650118488

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 Wayne Sausmer

Street Address (P.O. Box Number is Not Acceptable)
10303 Lima Street

Suite, Apt. #, Etc.

City Cooper City

State
FL

Zip Code
33026

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

Way Sausmer

REGISTERED AGENT MUST SIGN

Date

3/11/03

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
DP	Wayne Sausmer	10303 Lima Street	Cooper City, FL 33026

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:

Way Sausmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/03

Daytime Phone #

954-431-0043