

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LO4889  
SANTHERST, INC.  
13947 BEACH Blvd. Ste 204  
JACKSONVILLE, FL. 32224.

2. Principal Office Address

13947 Beach Blvd. Ste 204

Suite, Apt. #, etc.

STE 204

City & State

JACKSONVILLE, FL.

Zip

32224

Country

DUVAL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

4. Date Incorporated or Qualified  
To Do Business in Florida

1989

5. FEI Number

59-2963516

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

SANDRA STOLK

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

13947 BEACH BLVD. STE 204 c/o Southern Habitat.

Suite, Apt. #, Etc.

STE 204.

City

JACKSONVILLE, FL. 32224

State

FL

Zip Code

32224

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

REGISTERED AGENT MUST SIGN

Date

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
<del>President</del>	<del>SANDRA STOLK - DIRECTOR</del>	<del>13947 Beach Blvd. STE 204</del>	<del>JACKSONVILLE, FL. 32224</del>
<del>Treasurer</del>	V.P. HERMAN STOLK - DIRECTOR	same	same

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:

Sandra Stolk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-01

Date

904-992-6400

Daytime Phone #

CR2E081 (9/00)

**SANHERST, INC.**

**13947 Beach Blvd., Suite 204  
Jacksonville, Florida 32224**

October 30, 2001

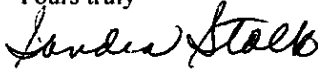
Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern;

We discovered that our corporation was involuntarily dissolved because we failed to return the yearly corporate filing and fee. Please be advised that we never received the renewal notice in the mail and, as a result was unable to file. We are enclosing \$450.00 for reinstatement and an additional \$61.25 for the additional year not filed.

Please mail your acknowledgment of reinstatement to the undersigned.

Yours truly



Sandra Stolk  
Secretary  
Sanherst, Inc.