

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 APR -4 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 211600091012

1. Corporation Name
SALLY ANN TIMBER, LLC

K5

2. Principal Office Address - No P.O. Box #
4176 APALACHE PKY

3. Mailing Office Address
SALO

REINSTATEMENT 17-19

Suite, Apt. #, etc.
7

Suite, Apt. #, etc.

City & State
Tallahassee

City & State

Zip
32311

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Johnny Petardis, II

Street Address (P.O. Box Number is Not Acceptable)
4176 APALACHE PKY

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32311

000327472060
04/04/19--01005--006 **541.25

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 _____ Date 4/4/19
REGISTERED AGENT MUST SIGN

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
MSR	Johnny Petardis, II	4176 APALACHE PKY	Tallahassee, FL 32311

10. E-mail Address: _____ (To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s.817.155, F.S.

SIGNATURE: _____ DATE 4/4/19 1:11-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #