

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

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DOCUMENT # **M57715**

1. Corporation Name

SAWGRASS TECHNICAL SERVICES, INC.

96 DEC 18 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13755 CARLTON DRIVE
SUITE 103, 701 AMHERST AVENUE
DAVIE FL 33330
US

C/O TERI V. GOODNOW
SUITE 103, 701 AMHERST AVENUE
DAVIE FL 33325



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13755 Carlton Dr

3. New Mailing Office Address, If Applicable

13755 Carlton Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1987

5. FEI Number

59-2834044

Applied For

Not Applicable

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
PD	GOODNOW, TERI V.	13755 CARLTON DRIVE	DAVIE FL 33330
STD	GOODNOW, TIMOTHY T.	13755 CARLTON DRIVE	DAVIE FL 33330

000002037050--8
-12/24/96--01082--025
****225.00 ****225.00

A. Alar
12/18/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODNOW, TERI V.
13755 CARLTON DRIVE
~~701 AMHERST AVENUE~~
DAVIE FL 33330

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

Teri V. Goodnow

REGISTERED AGENT MUST SIGN

Date **10/24/96**

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)(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:

Teri V. Goodnow

Teri V. Goodnow

Date

10/24/96

Daytime Phone #

9544742033

CR2ED40 (7/96)

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To whom it may concern:

I have just spoken to a representative of your office, Andy, at (904) 487-6059. It appears that there has been an "Updating error" on your part. Somehow parts of our old & new addresses have been merged together.

Andy has instructed me to send this note along with a check for \$225⁰⁰ to cover the Annual Report Fee, Corporate Supplemental Fee and late Fee.

Thank you,

Teri V. Godnow