

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88109

1. Corporation Name

SARAD, INC.

Principal Place of Business

~~421 DRIPPING SPRINGS~~
~~EDMOND FL 73034~~
~~US~~

Mailing Address

421 DRIPPING SPRINGS
~~P.O. BOX 3438~~
~~EDMOND FL 73034~~
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3334 Blueberry Drive
City & State
Lakeland, Florida

Zip Country
33811 US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

421 Dripping Springs
City & State
Edmond, OK

Zip Country
73034 US

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1988

5. FEI Number

59-2905123

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 3	City / State / Zip 4
D	MILLA, DIANE	3334 BLUEBERRY DR.	LAKELAND FL
P	DUNLAP, DOROTHY	421 DRIPPING SPRINGS	EDMOND OK 73034

8. Name and Address of Current Registered Agent

DUNLAP, DOROTHY
421 DRIPPING SPRINGS
EDMOND FL 73034

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. or 617.0505, F.S.

Signature of
Registered Agent

Dorothy L. Dunlap
REGISTERED AGENT MUST SIGN

Date

Oct. 15, 2003

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., 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:

Dorothy L. Dunlap
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 15, 2003 405-348-5102
Daytime Phone #

CR2E040 (7/03)

Schaus & Company, P.C.

Certified Public Accountants

October 15, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

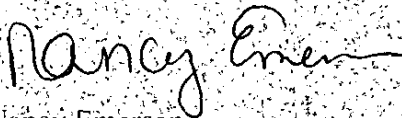
RE: Sarad, Inc. Document #M88109

I would like to request that the reinstatement fee be waived for the above corporation. The two notices mailed out prior to the last notice were never received. The only report we received was received on October 13, 2003. The address you have listed on the report mailed was the wrong address.

Please find enclosed the application for reinstatement and a check for the filing fee of \$150.00

If you have any questions please don't hesitate to call.

Sincerely,



Nancy Emerson
Schaus & Co.