

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -2 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



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

DOCUMENT # M88154

1. Corporation Name

S.F. Industries Inc.  
Fed. # 59-2902964

200005509282--7  
-05/14/02--01053--006  
\*\*\*\*\*600.00 \*\*\*\*\*600.00

2. Principal Office Address

2041 Howell Branch Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 532071  
Suite, Apt. #, etc.

Failed to File in (1999)

City & State  
Maitland, FL

Zip 32751 Country Orange

City & State  
Orlando, FL 32853-2071

Zip 32853-2071 Country Orange

4. Date Incorporated or Qualified To Do Business in Florida 1982

5. FEI Number 59-2902964  
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 Kenneth L. Schwartz  
Street Address (P.O. Box Number is Not Acceptable) 2041 Howell Branch Rd.  
Suite, Apt. #, Etc.  
City Maitland State FL Zip Code 32751

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 Kenneth L. Schwartz  
REGISTERED AGENT MUST SIGN

Date April 30, 2002

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
Pres	Patricia A. Schwartz	500 Melrose Ave	W.P. FL 32789
V.P.	Kenneth L. Schwartz	2041 Howell Branch Rd	Maitland FL 32751

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: Kenneth L. Schwartz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/30/02 (407) 644-1355  
Daytime Phone #