

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 24 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **ND2000002840**

1. Corporation Name

Friends of Sandi Tellex, Inc.

700029252727
02/23/04--01074--001 **297.50

~~02/23/04--01074--001 **297.50~~

2. Principal Office Address

6270 107th Place South

Suite, Apt. #, etc.

3. Mailing Office Address

6270 107th Place South

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33437

Country

Palm Beach

Zip

33437

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/2002

5. FEI Number

72-1523678

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Sheila D. Osgood

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

6270 107th Place South

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

SD Osgood

Date

2/20/04

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
P	Henry W. Stevens	8878 Pioneer Dr.	West Palm Beach, FL 33411
VP	Maween Stevens	8878 Pioneer Dr.	West Palm Beach, FL 33411
Treas	Sheila D. Osgood	6270 107th Place South	Boynton Beach, FL 33437
Secy	Barbara Derryberry	1744 N. Lakeside Dr.	Lake Worth, FL 33460

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

SD Osgood Sheila D. Osgood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 (561) 436-5859

Date

Daytime Phone #

CR2001 (01/04)