

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N48602

1. Corporation Name

SOUTH SANFORD GROUP, INC.

Principal Place of Business

111 W. 27TH ST.  
SANFORD FL 32773  
US

Mailing Address

111 W. 27TH ST.  
SANFORD FL 32773  
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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1992

5. FEI Number

NOT APPLICABLE

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
TD	JONES, LOWELL R	614 BETH DRIVE	SANFORD FL 32771
D	GARBADE, GRACE	2616 EL PORTAL	SANFORD FL
C	CAMPBELL, ALBERT	156 LONGLEAF PINE CIRCLE	SANFORD FL 32771
D	CAMPBELL, CAROLYN	156 LONGLEAF PINE CIRCLE	SANFORD FL 32771
D	HAFFNER, BRADLEY	264 WEST NORTH STREET	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

JONES, LOWELL R  
614 BETH DRIVE  
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

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

100008704431

Suite, Apt. #, Etc.

10730702-01104-005 \*\*236.25

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

*Lowell Jones*  
REGISTERED AGENT MUST SIGN

Date October 28, 2002

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:

*Bradley Haefner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BRADLEY H. HAFFNER

10-28-02

Date

Daytime Phone #

407-687-3454

CR2040 (8/02)

SOUTH SANFORD GROUP, INC  
111 W. 27<sup>th</sup> Street  
Sanford, Florida 32771

October 28, 2002

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
Division of Corporations  
P.O. Box 6237  
Tallahassee, Florida 32314

Dear Sir:

The South Sanford Group, Inc. is here stating that no other papers from your office were received this year for a timely filing of the annual UBR for the Year 2002. This letter is sent as per the direction in the form for reinstatement. Which was received on 26 October 2002.

Please find the completed form, the proper fees, all appropriate changes necessary to prevent this late filing from being necessary in the future.

  
Bradley W. Haeffner, Director