## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 DEC 20 AMII: 09	
DOCUMENT # PODDOOD 29257		SHUMERALT OF STATE FALLAHASSEE, FLORIDA	
B. Saucier Enterprises, Inc.			
MIN. 1000 A MIN. 1000 MIN.		700062280957 12/20/0501007018 **600.00	
2. Principal Office Address 1001 Seaway Drive	3. Mailing Office Address	2000 500 000 000 000 000 000 000 000 000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified	
City & State	City & State	To Do Business in Florida 3/17/2000	
Fort Pierce, FL	Same	5. FEI Number Applied For Not Applicable	
2ip   Country   34949	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent  Name			
Street Address (P.O. Box Number is Not Acceptable)  State   Zip Code    City   Clay   Clay   Clay    State   Zip Code    FL 32963			
8. I, being appointed the registered agent of the above named corporation, am familier with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERAD AGENT MUST SIGN			
	t/or Director (Florida nonprofit corporations must list at le		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P.V.STBrian F. Sazz	circs 8351 chinaburry	Rd. Vero Beach, F2 32963	
Rate	Ц		
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.  (1) 2) 467-2600  SIGNATURE:  SIGNATURE AND TYPE OF PRINTED PAME OF SIGNING OFFICER OR DIRECTOR  Data  Data  Data  Data  Data			

Good day
seinstite my fictitions name and
have found out that my exposation
had not been reinstated. I
do not ever remember receiving
any type of notice. Please of
consider waving the late Eves
Enclosed you will Final payment
of \$600- if more money is
segzical T 2.1 send Hoot
95 5000 95 - I'm notified
Thank you for your help and
oonsideration.
Brian F. Saucirs