

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 20 PM 3:02

DOCUMENT # P00000037123

1. Corporation Name

SRG LIMITED, INC.

Principal Place of Business

Mailing Address

4123 BURNS ROAD
A-14
PALM BEACH GARDENS FL 33410

~~5280 N. OCEAN DRIVE~~
~~UNIT 14-D~~
~~SINGER ISLAND FL 33404~~



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
145 SEDONA WAY

4. Date Incorporated or Qualified To Do Business in Florida

04/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1014208

Applied For

Not Applicable

City & State

City & State
PALM BEACH GARDENS FL

Zip Country

Zip Country
33418 U.S.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCARFIA, SARA G	5280 N. OCEAN DRIVE UNIT 14-D 145 SEDONA WAY PALM BEACH GARDENS FL. 33418	SINGER ISLAND FL 33404

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCARFIA, RICHARD J
~~5380 NORTH OCEAN DRIVE~~
~~14-D~~
WEST PALM BEACH FL 33404

145 SEDONA WAY
PALM BEACH GARDENS
FL. 33418

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

Richard Scarfia

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

Sara Scarfia Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

561 622 4124

CR2E040 (7/03)

2/2

SRG Limited, Inc.

145 Sedona Way--Palm Beach Gardens, FL. 33418 • 561-622 4124 • rjsafety@att.net

Thursday, October 16, 2003

Andrew Dunlap
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P00000037123 - SRG Limited, Inc.

Dear Mr. Dunlap:

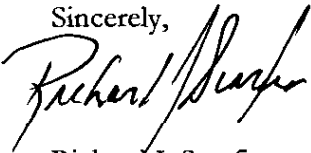
I am writing to request reinstatement of our corporation, SRG Limited, Inc. and to request that the penalty be waived due to not receiving our notice to file the corporation annual report.

We changed our mailing address in October of 2002 and at that time, I wrote a note to the Division of Corporations to notify of the change. Somehow, the change did not get entered.

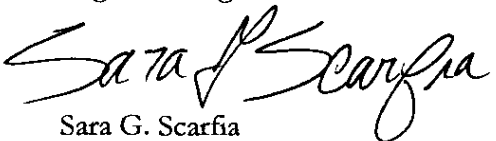
Enclosing a check for \$150.00 for the current annual fee.

I thank you for your consideration.

Sincerely,



Richard J. Scarfia
Registered Agent



Sara G. Scarfia
President