

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000067602

1. Corporation Name

SUDDEN ACTION GUIDE SERVICES, INC.

Principal Place of Business

Mailing Address

~~32577 WASHINGTON LOOP RD.~~

PUNTA GORDA FL ~~33982~~

33982

~~32577 WASHINGTON LOOP RD.~~

PUNTA GORDA FL ~~33982~~

33982

5225 BLACKJACK CR 5225 BLACKJACK CR

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2000

5. FEI Number

65-1025171

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
P	CUNNINGHAM, FREDERICK J	32577 WASHINGTON LOOP RD.	PUNTA GORDA FL 33982
VD	CUNNINGHAM, RALPH F	32577 WASHINGTON LOOP RD.	PUNTA GORDA FL 33982
ST	CUNNINGHAM, SUSAN F	32577 WASHINGTON LOOP RD.	PUNTA GORDA FL 33982
			200023921142
			10/17/03--01094--006 **400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUNNINGHAM, SUSAN F.
~~32577 WASHINGTON LOOP RD.~~
PUNTA GORDA FL ~~33982~~

NAME WRONG
5225 BLACKJACK CR
NEW ADDRESS 33982

Name

SUSAN F. CUNNINGHAM

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

5225 BLACKJACK CR

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33982

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

SUSAN F. CUNNINGHAM
REGISTERED AGENT MUST SIGN

Date

10-10-03

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:

SUSAN F. CUNNINGHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

Daytime Phone #

941-637-1929



REINSTATEMENT 03

FILED

03 OCT 17 AM 11:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (7/03)

10/10/03

Dear Sis.,

I did not receive
my reject letter, my
\$150.00 check was deposited
so I was surprised to
receive the dissolution letter.

I called and the gentlemen
said to fill out form send
four hundred dollars and it
should be reinstated. Please
let me know.

Thank

Susan Leung