

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000081388

1. Corporation Name

Say Ten Inc.

2. Principal Office Address

3707 N. Main Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32206

Country

Duval

3. Mailing Office Address

3707 N. Main Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32206

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

08-28-2000

5. FEI Number

59-3663928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George Bell

Kenneth S Landers

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

4300 N. Main Street

433 Safer Ln

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-1-03

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
<u>President</u>	<u>Kenneth S Landers</u>	<u>433 Safer Ln.</u>	<u>Jacksonville, FL 32206</u>

REINSTATEMENT

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-03

Date

Daytime Phone # [Number]

CR2E081 (10/02)