


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

192

FILED

01 NOV 16 AM 11:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P0000083021**

1. Corporation Name
STORANDT ENTERPRISES, INC.

Principal Place of Business 4060 S SKYLARK TERRACE HOMOSASSA FL 34446	Mailing Address 4060 S SKYLARK TERRACE HOMOSASSA FL 34446
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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	
		P.O. Box 1121	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
		LECANTO FL	
Zip	Country	Zip	Country
		34460	USA

4. Date incorporated or Qualified To Do Business in Florida	09/01/2000
5. FEI Number	59-3672048
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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	STORANDT, VICTOR	4060 S SKYLARK TERRACE	HOMOSASSA FL 34446

200004721462--0
 -12/12/01--01086--016
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent
STORANDT, VICTOR 4060 S SKYLARK TERRACE HOMOSASSA FL 34446

9. Name and Address of New Registered Agent
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.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date 10-17-01

REGISTERED AGENT MUST SIGN

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: **SIGNATURE REQUIRED** VICTOR STORANDT, D _____ Date 10-17-01 (352) 212-4758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

To: Marquitta Williams.

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I am returning my check and my (UBR) to you. I never received an original (UBR) The only one I received was one stating that I failed to file it, and you were dissolving my corporation. Prior to this I had no knowledge of having to file this report. This is my first year in business, and I will not let this happen again. Now that I know this is something to look for, and if I don't receive it I'll know I'm suppose to. So, would you please reinstate my corporation. Any questions please call (352) 212-4758

Thank You

Victor Howard