

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P00000083021

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

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip

3. New Mailing Office Address, If Applicable
P.O. Box 1121
Suite, Apt. #, etc.
City & State
Zip

Country
USA

4. Date incorporated or Qualified To Do Business in Florida
09/01/2000

5. FEI Number
59-3672048

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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 Zip Code
FL

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
REGISTERED AGENT MUST SIGN

Date 10-17-01

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: VICTOR STORANDT, D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-17-01 (35) 212-4788
Daytime Phone #

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