


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Polatz*

**CORPORATION REINSTATEMENT**



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

FILED  
 01 OCT 19 PM 12:46  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P00000101511

1. Corporation Name  
Selago Leaf Enterprises, INC

900004669489--0  
 -11/06/01--01077--007  
 \*\*\*155.00 \*\*\*155.00

2. Principal Office Address <u>150 22 AVE N</u> Suite, Apt. #, etc. <u>1500</u>		3. Mailing Office Address <u>SAME</u>	
City & State <u>St. Petersburg FL</u>		City & State	
Zip <u>33701</u>	Country <u>USA</u>	Zip <u>33701</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  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 Thomas H. McGowan

Street Address (P.O. Box Number is Not Acceptable)  
150 22 AVE N # 1500

Suite, Apt. #, Etc.

City ST PETERSBURG State FL Zip Code 33701

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 *Thomas H. McGowan* Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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>Pres</u>	<u>MARILYN Z. McGowan</u>	<u>405 20 AVE NE ST. PETERSBURG</u>	<u>FLA 33704</u>
<u>VP-SEC-Treas</u>	<u>Thomas H. McGowan</u>	<u>"</u>	<u>"</u>

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: *Thomas H. McGowan* Date 10/10/01 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (8/00)

THOMAS H. MCGOWAN, P.A.  
Attorney - At - Law

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pg 2 of 2

October 10, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Re: Reinstatement of Selago Leaf Enterprises, Inc.

Dear Sir/Madam:

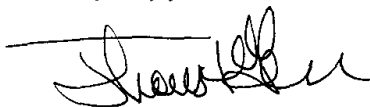
I formed the above corporation a little more than a year ago. Toward the end of September, I happened to be checking its status online, because I believed that it was about time to file an annual report. As luck would have it, I checked into this exactly two days late, and the corporation was listed as inactive, and it was subsequently dissolved.

This is to advise that I never received any notification from the Department that this corporation was about to expire and than an annual report was due, had I received it, I would have certainly filed a timely report because it is important to me that this corporation remain active.

I immediately called the department, obtained the enclosed files, and spoke with someone there who told me to send you a check for \$155 and more or less throw myself on your mercy to reinstate the corporation without my having to pay a fee in excess of \$500 to do so. I hope you can waive this, and allow the re-establishment of this corporation.

If you need anything further from me, please do not hesitate to call.

Very truly yours,



Thomas H. McGowan

THM/jlk  
Encl: Check No.0277