PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107182

**1.** Corporation Name
SARAH ROSS, P.A.

100024100401
10/27/03--01005--020 **150.00

REINSTATEMENT 03

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 2575 GLENFIELD DRIVE | | 2575 GLENFIELD DRIVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| GREEN COVE SPRINGS, FL | | GREEN COVE SPRINGS, FL | |
| Zip | Country | Zip | Country |
| 32043 | USA | 32043 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 11/16/2000

**5.** FEI Number: 59-3682187 ☐ 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: SARAH ROSS

Street Address (P.O. Box Number is Not Acceptable): 2575 GLENFIELD DRIVE

Suite, Apt. #, Etc.:

City: GREEN COVE SPRINGS | State: FL | Zip Code: 32043

**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: Sarah L Ross PA — Date: 10/22/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| DPST | SARAH ROSS | 2575 GLENFIELD DRIVE | GREEN COVE SPRINGS, FL 32043 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10/29

**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:** Sarah L Ross PA SARAH ROSS — 10/22/03 — 904-241-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TRIPLE CHECK
✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 22, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: CORPORATE REINSTATEMENT
Document #P00000107182; SARAH ROSS, P.A.

Dear Sir/Madam,

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept the application and payment of $150.00, for the year 2003.

Mrs. Ross, President of the above Corporation, did not receive her report for the referenced period. Upon our annual review of her account along with your web site, it was determined that she had not filed the Uniform Business Report for the current year. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Heather Copeland

Enclosures: Corporate Reinstatement
Check: #0595