

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR -4 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

01-03
P0000011355

1. Corporation Name

SURVIVOR, INC.

2. Principal Office Address

4620 SW 64TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4620 SW 64TH AVE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/2000

5. FEI Number

65-1064946

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

DEBORAH BATTEN

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

4600 SW 54TH TERRACE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

REGISTERED AGENT MUST SIGN

Date 2/7/03

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
P/S/D	DEBORAH BATTEN	4600 SW 54TH TERR.	DAVIE, FL 33314

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:

Deborah Batten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03 954 797-3933

Date

Daytime Phone #

CR2E081 (9/01)

**SURVIVOR, INC.
4620 SW 64TH AVE.
DAVIE, FL 33314
(954) 797-3933**

February 7, 2003

**Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314**

RE: SURVIVOR, INC. DOC # P00000111355


Dear Dept. of State:

Please find enclosed a check in the amount of \$458.75, representing the 2001, 2002 and 2003 Annual fees and a certificate of status fee of \$8.75.

We incorporated in December of 2000, and did not receive a renewal report for the year 2001, so it was never filed. We also did not receive a renewal report for the year 2002. Because of the non-receipt of mail, we are requesting that you waive the penalties for these years.

Thank you for your kind attention to this matter.

Sincerely,


Deborah Batten, President