

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000111536

1. Corporation Name

SAVAGE TECH SALES, INC.

Principal Place of Business

Mailing Address

1309 WEST YALE STREET
ORLANDO FL 32804

1309 WEST YALE STREET
ORLANDO FL 32804

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

2. New Principal Office Address, If Applicable

831 HUNTINGTON CT

3. New Mailing Office Address, If Applicable

831 HUNTINGTON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2000

5. FEI Number

59-3687232

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	JOHN W. SAVAGE	831 HUNTINGTON CT	WINTER PARK, FL, 32789

400005419064-6
-05/02/02-01007-025
****908.75 ****908.75

8. Name and Address of Current Registered Agent

SAVAGE, JOHN W
1309 WEST YALE STREET
ORLANDO FL 32804

SAVAGE, JOHN W
831 HUNTINGTON CT
WINTER PARK, FL 32789

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

REGISTERED AGENT MUST SIGN

Date 3/26/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. SAVAGE

3/26/02

Date

Daytime Phone #

407-647-9052

CR2E040 (8/01)