

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000026895

1. Corporation Name

CHERYL A. SEDLAK, INC.

Principal Place of Business

Mailing Address

3006 KING HARBOUR RD
PANAMA CITY FL 32405

3006 KING HARBOUR RD
PANAMA CITY FL 32405



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

538 Harmon Ave.
Suite, Apt. #, etc.

538 Harmon Ave.
Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Panama City, FL

Zip
32405

Zip
32405

100011180991
01/29/03--01050--004 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2001

5. FEI Number

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
D	SEDLAK, CHERYL A	3006 KING HARBOUR RD- 538 Harmon Ave.	PANAMA CITY FL 32405 Panama City, FL 32401
			100011180991 06/04/03--01034--024 **150.00
			100011180991 06/04/03--01034--025 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEDLAK, CHERYL A
3006 KING HARBOUR RD
PANAMA CITY FL 32405

Name

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

538 Harmon Ave.
Suite, Apt. #, Etc.

City
Panama City

State
FL

Zip Code
32401

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. or 617.0505, F.S.

Signature of
Registered Agent

Cheryl A. Sedlak
REGISTERED AGENT MUST SIGN

Date

12/2/02

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:

Cheryl A. Sedlak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/02
850-785-5351

12/2/02

Dept of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL
32314

TO WHOM IT MAY CONCERN:

Enclosed is a check for \$61.25 to
reinstatement this corporation. I am asking
for a waiver of the usual reinstatement
fee as the corporation did not
receive the two prior uniform
business reports (UBR) due to
address changes.

Thank you for your
consideration.

Cheryl Sedlak