

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 APR - 8 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030659

1. Corporation Name

THE CARAVAN SERVICES, INC.

Principal Place of Business

1223 SADDLEBACK RDG RD  
APOPKA FL 32703

Mailing Address

1223 SADDLEBACK RDG RD  
APOPKA FL 32703

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/2001

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 PRESIDENT	SLEDGE, ANNA Y	1223 SADDLEBACK RDG RD	APOPKA FL 32703

8. Name and Address of Current Registered Agent

SLEDGE, ANNA Y  
1223 SADDLEBACK RDG RD  
APOPKA FL 32703

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

04/03/03

11. I certify that I am an officer or director of 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/03  
Date

407-880-1169  
Daytime Phone #

04/03/03

ANNA Y. SLEDGE

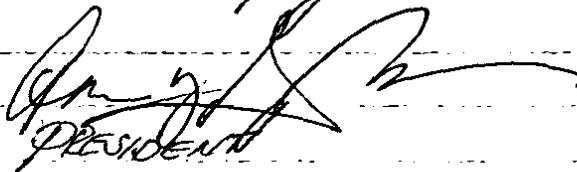
1523 SADDLEBACK RIDGE RD

APDPA, FL 32703

Dear Sirs,

Enclosed is a check for \$300<sup>00</sup>/<sub>100</sub> three hundred dollars reinstatement fee. Although my corporation did not receive the two prior uniform business report notices. I have also enclosed application for reinstatement.

Sincerely yours

  
PRESIDENT