

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 16 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086229

**1. Corporation Name**

SARRY ENTERPRISES INC

**2. Principal Office Address**

855 CLEARVIEW DRIVE

Suite, Apt. #, etc.

City & State --

PORT CHARLOTTE, FL

Zip

33953

Country

US

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 08-29-2001

**5. FEI Number**

65-1136920

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

SUSN B. BELFORD

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

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33953

200030592332  
03/16/04--01127--001 \*\*150.00  
200030592332  
03/16/04--01127--002 \*\*150.00

**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

Date

REGISTERED AGENT MUST SIGN

**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	SUSAN B. BELFORD	855 CLEARVIEW DRIVE	PORT CHARLOTTE, FL 33953

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

941 255-1573

Daytime Phone #

CP2E081 (01/04)

**SARRY ENTERPRISES INC**  
**855 CLEARVIEW DRIVE**  
**PORT CHARLOTTE, FL 33953**  
**TEL: 941-255-1573**

March 5, 2004

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

Re: Sarry Enterprises Inc.  
Doc. No. PO1000086229

Dear Sir:

I have discovered that the above corporation has been dissolved due to lack of payment of the fee for the 2003 annual report.

This oversight was due to the fact that I moved from Fort Lauderdale to Port Charlotte, Florida in the summer of 2002. For what ever reason the notice was not forwarded to my new address.

I understand that there is a penalty and additional fees to renew the corporation.

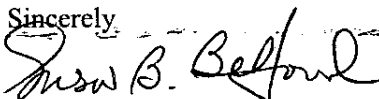
This is my initial corporation and was not aware of the annual fee until my accountant notified my office in February of this year.

I would like to request a waiver of the penalty. I am enclosing the Corporate Reinstatement Form with check for the year 2003.

In addition I am including the fee for the 2004 annual report.

I appreciate your concern in this matter.

Sincerely,



Susan B. Belford, President  
Sarry Enterprises, Inc.