

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 22 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088060

1. Corporation Name

SABAL PALM INDUSTRIES, INC.

2. Principal Office Address

4700 S. BARCOCK ST. NE

3. Mailing Office Address

1204 CANNON ST.

Suite, Apt. #, etc.

UNIT 7

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

MELBOURNE, FL

Zip

32905

Country

USA

Zip

32935

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/01

5. FEI Number

59-3744206

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

RONALD C. STEPHENS

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

1204 CANNON ST.

400019740924

05/22/03--01067--001 \*\*300.00

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

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

(X) Ronald C. Stephens

REGISTERED AGENT MUST SIGN

Date MAY 15, 2003

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/T/D	RONALD C. STEPHENS	1204 CANNON ST.	MELBOURNE, FL 32935
V	INGRID CARSON	1204 CANNON ST.	MELBOURNE, FL 32935

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:

(X) Ronald C. Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 15, 2003

Date

321-259-6395

Daytime Phone #

CR2E081 (10/02)

gr 5/28

**RONALD C. STEPHENS**

**1204 Cannon Street  
Melbourne, FL 32935**

May 15, 2002

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

Re: Sabal Palm Industries, Inc. P010000886-060

Dear Sirs:

This letter is to kindly request your waiver of the reinstatement fee for our corporation of \$600.00. We did not, for some reason, receive ~~either~~ the 2002 or 2003 Annual Report forms to complete and submit our annual fee. We think the mail may have come to another unit in the shopping center, but we are not sure.

In the enclosed Corporation Reinstatement request, the mailing address has been changed so that we will be sure to receive future mailings from you. We also enclose a check payable to the Department of State in the amount of \$300.00 for 2002 and 2003 (\$150.00 each year).

Your help in waiving the reinstatement fee would be greatly appreciated as we cannot afford such a cost at this time. Thank you very much for your cooperation.

Sincerely yours,

X 

Ronald C. Stephens  
Director

enclosures