

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113956

1. Corporation Name

S&L, INC.

2. Principal Office Address

384 Calle Escada

Suite, Apt. #, etc.

City & State

Santa Rosa Bch, FL

Zip

32459

Country

3. Mailing Office Address

384 Calle Escada

Suite, Apt. #, etc.

City & State

Santa Rosa Bch, FL

Zip

32459

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3758640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400035824974
05/10/04--01002--009 **450.00

7. Name and Address of Current Registered Agent

Name

Steven L. Barton

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

384 Calle Escada

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State
FL

Zip Code

32459

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

Stephen L. Barton

REGISTERED AGENT MUST SIGN

Date 4/8/04

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	Stephen L. Barton	384 Calle Escada	Santa Rosa Beach, FL 32459
VP,S	Linda L. Barton	384 Calle Escada	Santa Rosa Beach, FL 32459

REINSTATEMENT

02-04

T. Lewis

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:

Stephen L. Barton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

850-259-6007

Daytime Phone #

CR2E081 (01/04)