

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000002042

1. Corporation Name

S. EGGERS, INC.

Principal Place of Business

21413 GOSIER WAY
BOCA RATON FL 33428

Mailing Address

21413 GOSIER WAY
BOCA RATON FL 33428

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2002

5. FEI Number

26-0019586

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	EGERS, STEPHEN	21413 GOSIER WAY	BOCA RATON FL 33428

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EGERS, STEPHEN
21413 GOSIER WAY
BOCA RATON FL 33428

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]
REGISTERED AGENT MUST SIGN

Date

12/29/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15611
12/29/03 350-1285

FILED
04 JAN -5 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA
REINSTATEMENT 03



500026024515
01/05/04--01059--014 **150.00

CR2E040 (7/03)

The Florida Department of State

To Whom It May Concern,

I received a letter stating that I had failed to file my corporation filing fee. If I did not file in the appropriate time it is because I never received the first notice.

I am enclosing the \$150.00 filing fee along with the paper work required.

I trust that this will be sufficient to keep my corporation in effect. If you have any questions please do not hesitate to call me at (561) 852-3138.

Sincerely,

Stephen Egers