

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000032883**

1. Corporation Name

SANAA SYSTEMS, INC.

Principal Place of Business

Mailing Address

932-58TH STREET NORTH
ST PETERSBURG FL 33710

932-58TH STREET NORTH
ST PETERSBURG FL 33710

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

906-58th Street No
Suite, Apt. #, etc.

906-58th Street No
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2002

5. FEI Number

Applied For

300054442

Not Applicable

City & State
St Petersburg, FL

City & State
St Petersburg, FL

Zip
33710

Country

Zip
33710

Country

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	GASKIN-CAPEHART, ANDREA	932-58TH STREET NORTH	ST PETERSBURG FL 33710

000023968850
10/21/03--01058--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GASKIN-CAPEHART, ANDREA
932-58TH STREET NORTH
ST PETERSBURG FL 33710

Name

Gaskin-Capehart, Andrea

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

906-58th Street No.

Suite, Apt. #, Etc.

St

City

St. Petersburg

State

FL

Zip Code

33710

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

Andrea Gaskin-Capehart
REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

Andrea Gaskin-Capehart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727)347-332

CR2E040 (7/03)

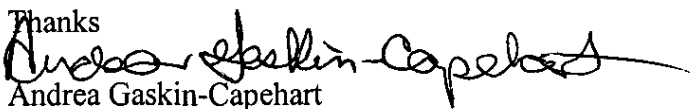
Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6237

October 13, 2003

Dear Sir or Madam,

I am writing you to request a waiver of the reinstatement fee. I have had numerous incidents of undelivered mail this year. My business is located in a Plaza that has various suites and the numbers are our actual address. However, in my old location I always received other businesses mail and they would receive mine. The plaza is so old that the water company had me listed in their database as 930 instead of 932 and could not change it. I run my corporation out of the same office as a franchise that I have and moved several months ago only 6 doors down from my old location and the mail problems seemed to have gotten worse. I have gone to the post office and filled out 3 separate change of address forms over the last 2 months and now I am starting to receive my mail again. Please consider waiving the reinstatement fee as a result of my mailing issues because I am now receiving the correct mail.

Thanks


Andrea Gaskin-Capehart
Sanaa' Systems, Inc.