


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

05 JAN -4 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 2000062172

1. Corporation Name

SAiph Intendance, Inc.

2. Principal Office Address

3511 16th Ave East

3. Mailing Office Address

3511 16th Ave E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmeth Florida

City & State

Palmeth, Florida

Zip

34221

Country

USA

Zip

34221

Country

USA

REINSTATEMENT

2004

4. Date Incorporated or Qualified
To Do Business in Florida

6/05/02

5. FEI Number

753063410

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

WALT ELLIOTT

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

3511 16th AVE EAST

Suite, Apt. #, Etc.

City

Palmeth

State

FL

Zip Code

34221

700043796847

01/03/05--01020--019 **158.75

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

Walt Elliott

Date 12/27/04

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
D	Jonathan Elliott	402 7 th St. S.E.	Ruskin, Fla 34221
D	Danielle Elliott	402 7 th St S.E.	Ruskin, Fla 33570
D	Joshua Elliott	402 7 th St S.E.	Ruskin, Fla 33570
P	Walt Elliott	3511 16 th Ave E.	Palmeth, Fla 34221

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:

Walt Elliott, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/04

Date

941-720-0734

Daytime Phone #

CR2E081 (07/04)

2052

12/27/2004

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

Re: Notice of Dissolution or Revocation

Dear Ms. Hood,

Apparently there has been a problem with the mails. I personally prepared and sent the filing documents with a check for the corporation Saiph Intendance, Inc.

I did not request a certificate of status as I would normally do and heard nothing from you until I received the Notice of Dissolution or Revocation.

Feeling absolutely certain that I filed properly and on time I reviewed my records and could not find where my check cleared the bank. Apparently my filing documents have been lost in the mail. I am enclosing a reinstatement form and another check, hoping that you will believe that what I stated is the truth and that I had no intent to allow Saiph Intendance, Inc. to be dissolved.

I am requesting on the reinstatement form that a certificate of status be returned to me so that I know this situation has been corrected.

Please believe that something totally out of my control has given you the wrong impression. I want to continue to operate my small company and your understanding in this matter would be a great help.

Sincerely,



Walt Elliott
President
Saiph Intendance, Inc.