

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1702000102748

1. Corporation Name

CIRCLE S. SALES INC.

2. Principal Office Address

807 PARK AVE ORANGE

Suite, Apt. #, etc.

3. Mailing Office Address

807 PARK AVE

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

ORANGE PARK FL

Zip

32073

Country

CLAY

Zip

32073

Country

CLAY

4. Date Incorporated or Qualified
To Do Business in Florida

9-20-2002

5. FEI Number

331025308

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

JACK H. STODDENMIRE

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

807 PARK AVE

Suite, Apt. #, Etc.

City

ORANGE PARK FL

State

FL

Zip Code

32073

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

[Signature]

Date 10-29-03

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
PT SV	Becky M. Stoddenmire	807 PARK AVE	ORANGE PARK FL 32073

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:

Becky M. Stoddenmire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03

Date

904-838-8076

Daytime Phone #

CR2E081 (10/02)

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To whom it may concern.

Please be advised that we did not receive our annual report form or the first or second notice. I believe this is because of an incorrect mailing address. We are requesting a waiver of the reinstatement fee.

Sincerely

A handwritten signature in cursive script, reading "Becky M. Stoudenmire".

Becky M. Stoudenmire
President