

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 27 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000113534

1. Corporation Name

SARRAS ENT INC

2. Principal Office Address

12009 Stone Crossing Cir

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

32343

Country

3. Mailing Office Address

12009 Stone Crossing Cir

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

32343

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0650233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ~~XX~~

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Samuel Stevens

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

45 Imari Circle

Suite, Apt. #, Etc.

City

Midway

State
FL

Zip Code
32343

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

REGISTERED AGENT MUST SIGN

Date 9-27-04

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
D	Apryl Mercer	12009 Stone Crossing Cir.	Tampa, FL 33635
D	Samuel Stevens	45 Imari Circle	Midway, FL 32343
			500041364825
			09/27/04-01007-027 ***343.3

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-27-04

Daytime Phone #

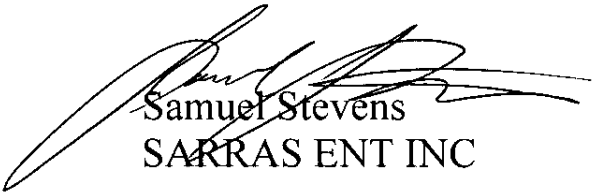
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CR2E081 (01/04)

September 27, 2004

This is to inform you in writing that we did not receive a notice to file the 2003 annual report and to request that you waive the late fees.

Thank You,



Samuel Stevens
SARRAS ENT INC