

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO200011682

1. Corporation Name

Sanders Travel Inc
3711 Trout River Blvd
Jacksonville, Florida 32208

2. Principal Office Address

3711 Trout River Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Fla 32208

Zip

32208

Country

USAa

Zip

32208

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

22-3878534

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

Willie Sanders

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

12693 Samson Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32208

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

Willie Sanders

Date 10-17-2003

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
Pres	Willie Sanders	12693 Samson Road	Jacksonville, Fla 32218

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:

Willie Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03

Date

904-768-6486

Daytime Phone #

CR20081 (10/02)

222

Evelyn Noel - Accountant

Member National Association of Public Accountants

3711 Trout River Blvd.
Jacksonville, Florida 32208
Telephone 768-6486
Fax 764-1881

October 8, 2003

Florida Dept of State
Division of Corporation
P O Box 6327
Tallahassee, Florida 32314

re: Sanders Travel

Gentlemen:

In reference to the above mentioned Florida Corporation and in reference to the renewal of the Corporation we have received no notice that we should renew. We have had problems with the delivery of mail for the past several years. I get mail from a lot of other zip codes and don't know what we haven't received the necessary papers to renew.

I am enclosing a check to cover the cost of renewing.

Thanking you in advance . I am

Sincerely,



Evelyn Noel

file