

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT -4 AM 8:49

DOCUMENT # P02000126865

1. Corporation Name

S & A OF AMERICA, INC.

2. Principal Office Address

3765 W. JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/2002

5. FEI Number

48-1292297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

ORLANDO, FL

Zip

32804

Country

USA

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

SAVETA PERSUAD

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

3765 W. JOHN YOUNG PARKWAY

Suite, Apt. #, Etc.

500060202545
10/04/05-01009-014 **150.00

City

ORLANDO

State

FL

Zip Code

32804

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

Date

9/28/2005

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
P	SAVETA PERSUAD	3765 W. JOHN YOUNG PARKWAY	ORLANDO/FL/32804

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

9/28/2005

Date

407895933

Daytime Phone #

B. Mitchell OCT 4 2005

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Robinson and Robinson Inc.

SEPTEMBER 28, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that S&A OF AMERICA, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #P02000126865 Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson