

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000131063

1. Corporation Name

SUNBELT SALES ASSOCIATES, INC.

d/b/a Windjammer Tropics

Principal Place of Business

Mailing Address

2848 A COASTAL HWY

2848 A COASTAL HWY

#1

#1

ST. AUGUSTINE FL 32084

ST. AUGUSTINE FL 32084



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country

4. Data Incorporated or Qualified
To Do Business in Florida

Please correct

1/1/03
12/11/2002

5. FEI Number

83-0363765

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MCDOWELL, NANCY	2848A COASTAL HWY	ST. AUGUSTINE FL 32084
V	MCDOWELL, JAMES W	2848A COASTAL HWY.	ST. AUGUSTINE FL 32084

600024340606
10/31/03--01086--013 **750.00

CR2E040 (7/03)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDOWELL, NANCY
2848A COASTAL HWY
#1
ST. AUGUSTINE FL 32084

Name

SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Nancy McDowell
REGISTERED AGENT MUST SIGN

Date 10-24-03

11. 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:

Nancy McDowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-03 (904)806-0635
Date Daytime Phone #