

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 903000008144

1. Corporation Name

SARITA G. MAY, P.A.

REINSTATEMENT 03-24

2. Principal Office Address

2536 DAUPHINE COURT

Suite, Apt. #, etc.

3. Mailing Office Address

2536 DAUPHINE COURT

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/2002

5. FEI Number

61-1444589

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

SARITA G. MAY

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

2536 DAUPHINE COURT

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

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

Sarita G. May
REGISTERED AGENT MUST SIGN

Date

4/28/2004

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	SARITA G. MAY	2536 DAUPHINE COURT	PONTE VEDRA BEACH / FL 32082

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:

Sarita G. May
SARITA G. MAY
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/2004

Daytime Phone #

(904) 241-2533

CR2E081 (01/04)

PS 2072

**SARITA G. MAY, P.A.
2536 DAUPHINE COURT
PONTE VEDRA BEACH, FLORIDA 32082
(904) 285-8449**

April 28, 2004

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

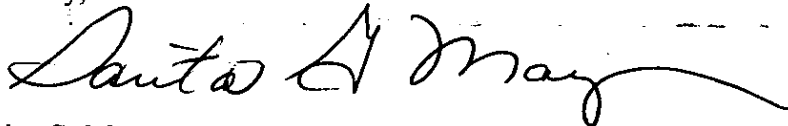
Re: Application for Reinstatement
Document #P03000008144

Dear Sir and/or Madam:

I am submitting your 2004 Application for Reinstatement along with full payment. I am requesting you consider the following two factors as grounds for abatement of the penalties due to your reasonable cause and due diligence criteria. We did not receive any earlier notification for the Uniform Business Report and we rely on the services of a paid tax practitioner for all of our tax form preparation and filings. To make matters even more complicated, the principal of the corporation had to undergo a double mastectomy and was unable to perform her normal administrative duties.

Thank you for your prompt attention and consideration to this matter.

Sincerely,



Sarita G. May
Corporate President