112

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 DEC 27 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000052993

1. Entity Name
SEBASTIAN OUTDOOR SERVICES, INC

Principal Place of Business	Mailing Address
106 AETNA STREET A SEBASTIAN, FL 32958 US	P O BOX 721 ROSELAND, FL 32957 US

10222004 REIN-P CR2E098 (6/04) 04

2. Principal Place of Business		3. Mailing Address	
Same as above		Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 43-2015989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VON DEWITZ, UWE OWNER
106 AETNA STREET
A
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name: Same as above.
Street Address (P.O. Box Number is Not Acceptable)
City REINSTATEMENT FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00 150 → letter enclosed.
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Owner Uwe von Dewitz 106 Aetna street A Sebastian FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000043365170 12/13/04--01058--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________ 11/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/6/04 2/2

Sebastian Outdoor Services Inc
P.O. Box 721
Rosetand FL 32957
Uwe von Dewitz.

To whom it may concern.

I did receive a notice of Dissolution or revocation. I also like to act that this is the only notice that I have received.

I called and was told to write a letter an a check of $ 150 it will be good.

This is the first year that I am a business owner and like to make sure that I will never miss it again. Maybe their can be a better mailing or notice to be send out. Iam sorry to be late.

Thank-you for understanding.

Uwe von Dewitz