

112

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000052993	
1. Entity Name SEBASTIAN OUTDOOR SERVICES, INC.	

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

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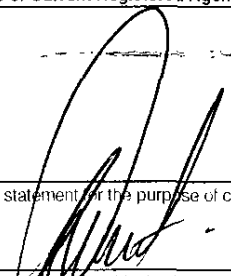


2. Principal Place of Business <i>Same as above</i>	3. Mailing Address <i>Same as above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10222004 REIN-P CR2E098 (6/04)	04
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
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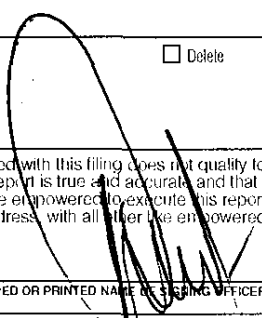
7. Name and Address of New Registered Agent Name: <i>Same as above</i> Street Address (P.O. Box Number is Not Acceptable) City: REINSTATEMENT

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
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FILE NOW!!! FEE IS \$750.00 <i>1150</i> → <i>letter enclosed.</i> After January 1, 2005, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
<i>President / Owner Uwe von Dewitz 106 Aetna Street A Sebastian FL 32958</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>000043365170 12/13/04--01058--003 **150.00</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>11/15/04</i> Daytime Phone #

12/6/04

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Sebastian Outdoor Services Inc
P.O. Box 721
Roseland FL 32957
Ulwe von Dewitz.

To whom it may concern.

I did receive a notice of Dissolution or revocation.
I also like to ad 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. I am sorry to be late.

Thank -you for understanding.

Ulwe von Dewitz

