

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 28 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000078453

1. Corporation Name

Seiler's Salt Springs Hardware, Inc.

2. Principal Office Address - No P.O. Box #

25189 NE Highway 314

3. Mailing Office Address

25189 NE Highway 314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Salt Springs, Florida

City & State

Salt Springs, Florida

Zip

32134

Country

Marion

Zip

32134

Country

Marion

4. Date Incorporated or Qualified
To Do Business in Florida

May 6, 2004

5. FEI Number

20-1120278

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
Seiler, Walt C.

Street Address (P.O. Box Number is Not Acceptable)
9941 NE 307th Court

Suite, Apt. #, Etc.

City
Salt Springs

State

FL

Zip Code

32134

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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	Seiler, Walt C.	9941 NE 307th Court	Salt Springs, Florida 32134
P	Seiler, Frederick	24093 E Highway 314	Salt Springs, Florida 32134

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 contained in Chapter 119, 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:

Walt Seiler WALT SEILER

3-22-07 352-685-2152

Date

Daytime Phone #