

# 2006 FOR PROXY CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

182

DOCUMENT # P04000098073

1. Entity Name  
SALES & MANAGEMENT INCORPORATED



06 APR -4 AM 8:15

Principal Place of Business  
1009 OAK POND DRIVE  
CELEBRATION, FL 34747

Mailing Address  
1009 OAK POND DRIVE  
CELEBRATION, FL 34747

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**

05-06 DSC



2. Principal Place of Business

3. Mailing Address

03212006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-1304479

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

O'BRIEN, PETER F MR.  
1009 OAK POND DRIVE  
CELEBRATION, FL 34747

7. Name and Address of New Registered Agent

Name

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

City

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 \$900.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
O'BRIEN, PETER F  
1009 OAK POND DRIVE  
CELEBRATION, FL 34747 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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  
03/30/05 90043 034 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000073723520  
05/02/06--01046--020 \*\*150.00

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 exemptions contained in Chapter 119, 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

3/29/06

Date

Daytime Phone #

292

Peter O'Brien  
Sales & Management, Inc.  
8016 Tibet Butler Drive  
Windermere, FL 34786

March 21, 2006

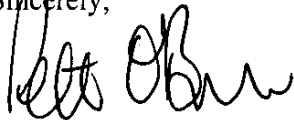
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

Please find attached 2006 For Profit Corporation Reinstatement Report for Sales & Management, Inc. On March 21, 2005, the Uniform Business Report was filed for my company, along with a check in the amount of \$150.00. The check was subsequently cashed; however, the report was not processed. This resulted in my corporation being administratively dissolved. In contacting the Department of State, I was notified that the report was returned for my business Employer ID number. The number has been added to the form and a check included for \$150.00 for my reinstatement. I would like to ask that the penalties for reinstatement be waived.

Thanks for your assistance with this matter. Feel free to contact me on 407-361-7057 if you have any questions.

Sincerely,



Peter O'Brien, President  
Sales & Management, Inc.