

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P05000121027

1. Corporation Name

Sellmer Meetings & Incentive Travel, INC

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

2228 Lithia Center Lane

Suite, Apt. #, etc

City & State

Valrico, Florida

Zip

33596-5675

Country

USA

3. Mailing Office Address

2228 Lithia Center Lane

Suite, Apt. #, etc.

City & State

Valrico, Florida

Zip

33596-5675

Country

USA

100214782671
12/01/11--01016--002 **758.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01 September 2005

5. FEI Number

20-33-99733

☐ 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

SELLMER, WILLIAM C II

Street Address (P.O. E

2228 LITHIA CENTER LANE

Suite, Apt. #, Etc.

VALRICO, FL 33596-5675

City

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Date **29 November 2011**

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	William Sellmer	14810 Heronglen Drive	Lithia, Florida 33547
S/T	Mary Sellmer	14810 Heronglen Drive	Lithia, Florida 33547

REINSTATEMENT

2011 - 11

10. E-mail Address: **wsellmer@smitrav.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William C II Sellmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 NOV. 2011 815-966-3702

Date

Daytime Phone #