

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05282

1. Corporation Name

The Sarris Group, Inc.

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

6111 Gatzert Park Pl N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

Country

32257 USA

Zip

Country

600162843296

11/16/09--01028--003 **1800.00

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/85

5. FEI Number

22-202402

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

Richard S. Sarris

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

6111 Gatzert Park Pl N

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

☐ 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

[Signature]

Date 11/13/09

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
PD	Richard S. Sarris	6111 Gatzert Park Pl N.	Jacksonville FL 32257
VST	Robert L. Sarris	6111 Gatzert Park Pl N.	Jacksonville FL 32257
ST	Michael S. D'Clor	6111 Gatzert Park Pl N.	Jacksonville FL 32257

10. E-mail Address:

(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., 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/13/09

Daytime Phone # 907 282 2005