

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State		FILED 09 JUL -2 PM 4:53	
DOCUMENT # P06 8000 26 137  1. Corporation Name			SECRETARY OF STATE TALLIAMASSEE M.ORIDA		
SANET LABOR SE  2. Principal Office Address - No P.O. Box # 14806 FRONT BEACH RD	3. Mailing Office Address	- 21643	REIN	ISTATEMENT 07-09	
Suite, Apt. #, etc.  LOT # 40	tc. Suite, Apt. #, etc.		4. Date Incom	porated or Qualified	
City & State	City & State		To Do Business in Florida 02/22/06		
PANAMA CITY BEACH-FL.		BFACH, FL.	5. FEI Number 2043	49076 Applied For Not Applicable	
324-13 - Country - USA	32413	Country USA	6. CERTIFICATE	E OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status	
	Current Registered Agent	t			
NAMO EDDIE D. BAUGH			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you		
Street Address (P.O. Box Number is Not Acceptable)  14806 FRONT BEACH ROAD					
Sulte, Apt. #, Etc.  LOT #40			are certifying the prior notices were not received and requesting the reinstatement		
PANAMA CITY BEACH  State Zip Code FL 32413			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 4/2.8/09  REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonprof	it corporations must list at lea	ast 3 directors)		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P NARGIZA BAU	16H 1480	16 FRONT B	EACH 10	PANAMA CITY BEACH FL 32413	
VP EDDIE D. BAUG	5-H 14800	D LOT# 40	4CH 	PANAMA CITY BEACH, FL.32413 PANAMA CITY BEACH, FL.32413	
			 3r	0155091093	
				0901021024 **150.00	
			97 07 71	00155091093 1/0901053005 **308.75	
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 507 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					