

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 19 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~XXXXXXXXXXXX~~ **P0600026500**
1. Corporation Name **P0600026500**
uncle sly's gourmet sauces inc.

REINSTATEMENT 09-10

900166854569
01/21/10--01043--008 **308.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 109 rosedale drive		3. Mailing Office Address p.o. box 257	
Suite, Apt. #, etc. same		Suite, Apt. #, etc.	
City & State Deltona		City & State osteen florida	
Zip 32738	Country USA	Zip 32764	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2-21-06	
5. FEI Number 59-3627370	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
vanchy sessoms

Street Address (P.O. Box Number is Not Acceptable)
109 south rosedale drive

Suite, Apt. #, Etc.
same

City
Deltona

State
FL

Zip Code
32738

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 *Vandy Sessoms* Date **1-15-10**
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
co-owner	vanchy sessoms	109 rosedale drive	deltona, florida 32738
co-owner	syvester sessoms	109 rosedale drive	deltona, florida 32738

REINSTATEMENT **RM**

10. E-mail Address: **slysessoms@hotmail.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., 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: *Vandy Sessoms* **vanchy sessoms** Date **1-15-10**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #