

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000055147

1. Corporation Name

SR Associates Inc.

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

4377 Commercial Way

Suite, Apt. #, etc.

#123

City & State

Spring Hill, Florida

Zip

34606

Country

Berks

3. Mailing Office Address

4377 Commercial Way

Suite, Apt. #, etc.

#123

City & State

Spring Hill, Florida

Zip

34606

Country

Berks

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Park Dr.

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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]

REGISTERED AGENT MUST SIGN

Date *3-26-10*

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
DPST	Scott S Gaul	334 West Walnut St.	Reading, PA 19607

10. E-mail Address: processing@mycorporation.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:

[Signature]

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/10

Date

610-656-8926

Daytime Phone #

FILED

10 APR -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200173690322

03/30/10-01028-021 **1050.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2006

5. FEI Number

03 0508672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.