

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 DEC -4 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000134406

1. Entity Name
MESSAGE BY SARAH INC



Principal Place of Business
4688 POMPAÑO ST
PLACIDA, FL 33946

Mailing Address
4688 POMPAÑO ST
PLACIDA, FL 33946

(CHANGE IF
P.O. BOX IS
NUMBER IS ACCEPTED)
IF NOT - KEEP THIS
ADDRESS

12-5-07

2. Principal Place of Business - No P.O. Box #
MESSAGE BY SARAH INC
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 89
Suite, Apt. #, etc.



REINSTATEMENT 07

City & State
PLACIDA, FLORIDA
Zip 33946 Country U.S.A

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PLACIDA, FLORIDA
Zip 33946 Country U.S.A

4. FEI Number
20-5790963
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HENRY, SARAH
4688 POMPAÑO STREET
PLACIDA, FL 33946

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SARAH A. HENRY Sarah A. Henry 11-21-07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, SARAH		NAME		
STREET ADDRESS	4688 POMPAÑO STREET		STREET ADDRESS		
CITY - ST - ZIP	PLACIDA, FL 33946		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah A. Henry SARAH A. HENRY 11-21-07
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #