

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 21 PM 3:56
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

600153831396
12/21/09--01045--014 **908.75

DOCUMENT # P06000134406

1. Corporation Name

MESSAGE BY SARAH, INC.

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

4688 POMPANO STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 892

Suite, Apt. #, etc.

City & State

PLACIDA, FL

City & State

PLACIDA, FL

Zip

33946

Country

USA

Zip

33946

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **10/23/2006**

5. FEI Number

20-5790963

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

SARAH HENRY

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

4688 POMPANO STREET

Suite, Apt. #, Etc.

City

PLACIDA

State

FL

Zip Code

33946

☐ 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

Sarah Henry

REGISTERED AGENT MUST SIGN

Date **12-6-09**

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
PSTD	SARAH HENRY	4688 POMPANO STREET	PLACIDA, FL 33946

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:

Sarah Henry

SARAH HENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-09

Daytime Phone #

12/22