

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P08000022556**

1. Corporation Name

SBE SOLUTIONS, INC.

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

451 SANSBURY'S WAY

Suite, Apt. #, etc.

SUITE 206

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

400429286854
05/03/24--01019--006 **750.00

400429286854
07/08/24--01012--006 **500.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

DEREK SCHENAVAR

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

451 SANSBURY'S WAY

Suite, Apt. #, Etc

SUITE 206

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

2024 JUL 19 PM 12
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

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

3/22/24

REGISTERED AGENT MUST SIGN

Date **MARCH 22, 2024**

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
P	DEREK SCHENAVAR	451 SANSBURY'S WAY, SUITE 206	ROYAL PALM BEACH, FL 33411
T	REBECCA L. SCHENAVAR	451 SANSBURY'S WAY, SUITE 206	ROYAL PALM BEACH, FL 33411
		20 - 24	
			JUL 19 2024
			D CUSHING

10. E-mail Address: **DEREK@DKKCINC.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., and that all fees owed by the corporation have been paid. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

3/22/24

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 22, 2024

Date

(561) 718-8390

Daytime Phone #

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1** Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** The principal address must be a street address. A Post Office Box can not be used for the principal address. A Post Office Box is acceptable for the mailing address.
- Block 3** Type or print the mailing address in Block 3.
- Block 4** Enter the date of incorporation or qualification for this corporation.
- Block 5** Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-4933 for FEI assistance.
- Block 6** Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** Enter name of the registered agent and address. (The registered office address must be at a Florida street address.)
- Block 8** The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 9** Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10** Please provide an e-mail address. This address will be used for future annual report notifications.
- Block 11** This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES:

	PROFIT CORPORATION	NON-PROFIT CORPORATION
Reinstatement Fee	\$600.00	\$175.00
Annual Report Fee	\$150.00 (for each year dissolve)	\$ 61.25 (for each year dissolved)
Minimum Amount Due	\$750.00	\$236.25

The annual report fee is due each year from the year of dissolution through the current year.

Mailing Address:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Courier Service Address:
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

Internet Address:
www.sunbiz.org

Phone: (850) 245-6059
Hearing/Voice Impaired may call (850) 245-6096 (TDD)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2024

DEREK SCHENAVAR
951 SANSBURY'S WAY
SUITE 206
ROYAL PALM BEACH, FL 33411

SUBJECT: SBE SOLUTIONS, INC.
Ref. Number: P08000022556

We have received your document for SBE SOLUTIONS, INC. and your check(s) totaling \$750.00. However, the document has not been filed and is being retained in this office for the following:

The Total Fee due to reinstate your company is \$1,350.00. We need a balance due of \$600.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 524A00009456