

APPROVAL AND FORM.

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 JUL 12 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PL9959**

1. Corporation Name  
LOUIS SARDO UPHOLSTERY, INCORPORATED

2. Principal Office Address  
221 N. HIGHWAY 27

3. Mailing Office Address  
512 W. ROSECRANS AVE.

Suite, Apt. #, etc.  
E

Suite, Apt. #, etc.

City & State  
CLERMONT, FL

City & State  
GARDENA, CA

Zip Country  
34711 U.S.A.

Zip Country  
90248 U.S.A.

**REINSTATEMENT 04-05**

4. Date Incorporated or Qualified  
To Do Business in Florida 7/6/1988

5. FEI Number Applied For  
953981390 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  
SANDRA LYNN FOLLIS

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

Suite, Apt. #, Etc.

City  
CLERMONT

200057310112  
07/12/05--01007--004 \*\*1985.00  
200057310112  
07/12/05--01007--005 \*\*8.75

State Zip Code  
FL 34711

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

*Sandra Lynn Follis*  
REGISTERED AGENT MUST SIGN

Date 7-1-05

**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
PRES.	LOUIS SARDO	1629 VERDUGO BLVD.	LA CANADA, CA 91011
V.P.	JEANIE SARDO	1629 VERDUGO BLVD.	LA CANADA, CA 91011

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Louis Sardo*

PRESIDENT

06/30/05

310 327-0532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

**SARDO** 2/2

**BUS & COACH UPHOLSTERY**

221 N. US HWY 27  
CLERMONT, FL 34711  
800/654-3824 PHONE  
352/242-9290 FAX



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**Date:** 7/5/05

**From:** Sardo Bus & Coach Upholstery  
Sandy Follis – Registered Agent

**To:** Florida Department of State  
Attention Tyrone

**Subject:** Reinstatement late fees & certificate request

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**Dear Tyrone,**

**Please see the following reinstatement information.**

**We received no notice for the year 1994 and request late fees to be waived. Thank you!**

**Please send certificate to REGISTERED AGENT not the mailing address. As noted on the reinstatement form:** *Sandy Follis*  
*19 The Crescent*  
*Clermont FL 34711*

*Thanks for your time and consideration.*