

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 22 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 093000050486

1 Corporation Name
Sarasota Plastics Corp

609 E. Colonia Lane
Nokomis, FL 34275 Mailing Address

700003059217--7
-12/02/99--01076--002

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated on To Do Business in Florida
01/15/00 ***150.00
7/93

State, Apt. #, etc.

State, Apt. #, etc.

5 FEI Number
65-0428133

Applied For
Not Applicable

City & State

City & State

6 CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C	Samuel Yankelewitz	609 E. Colonia Lane	Nokomis, FL 34275
P	Charles Hencye	407 Jeanette Court	Nokomis, FL 34275
V	Jacqueline Shea	4005A Carlton Inlet Dr.	Bradenton, FL 34208
S	Jacqueline Shea	4005A Carlton Inlet Dr.	Bradenton, FL 34208
T	Alvaro Hernandez	609 E. Colonia Lane	Nokomis, FL 34275

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charles Hencye
407 Jeanette Court
Nokomis, FL 34275

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Charles Hencye*

REGISTERED AGENT MUST SIGN

Date 11-2-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12 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

Charles Hencye (Charles Hencye)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E06113 981