

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 15 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000065763

1. Corporation Name

SARADA, Inc.

Principal Place of Business

Mailing Address

291 JAMAICA LANE

PALE BEACH, Florida 33480

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 Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

DO NOT WRITE IN THIS SPACE

9-15-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0437919

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>Director</u>	<u>William MANSON</u>	<u>291 JAMAICA LANE</u>	<u>Palm Beach, Florida 33480</u>
<u>Director</u>	<u>Ann T. Manson</u>	<u>291 JAMAICA LANE</u>	<u>Palm Beach, Florida 33480</u>

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***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gregory Hess
2300 PB Lakes Blvd
West Palm Beach

Name

William Manson

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

291 JAMAICA LANE

Suite, Apt. #, Etc.

City

Palm Beach

State

Zip Code

FL

33480

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

William J. Manson

REGISTERED AGENT MUST SIGN

Date

8/15/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

William J. Manson William Manson, President

Date

8/15/97

Deputy Phone #

561-242

8751