

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000007256

1. Corporation Name

SLOAN INTERNATIONAL, INC.

Principal Place of Business

~~14843 HORSESHOE TRACE~~
~~WEST PALM BEACH FL 33414~~
US

Mailing Address

~~14843 HORSESHOE TRACE~~
~~WEST PALM BEACH FL 33414~~
US

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

2. New Principal Office Address, If Applicable

14979 Horseshoe Trace

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

USA

3. New Mailing Office Address, If Applicable

← Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1994

5. FEI Number

65-0605013

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	SLOAN, PATTI L	14843 HORSESHOE TRACE 14979 Horseshoe Trace	WEST PALM BEACH FL Wellington, FL 33414
			600002607296--1 -08/04/98--01083--010 *****300.00 *****300.00
			REINSTATEMENT 97-98 13
			7/31

8. Name and Address of Current Registered Agent

SLOAN, PATTI
14843 HORSESHOE TRACE
WEST PALM BEACH FL 33414

9. Name and Address of New Registered Agent

Name

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

14979 Horseshoe Trace

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Patti Sloan

REGISTERED AGENT MUST SIGN

Date

July 27, 98

11. This corporation owes or has paid 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:

Patti Sloan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 27, 98 561-788-328

Daytime Phone #