

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**  FLORIDA DEPARTMENT OF STATE
Sandra B. Mqrtham,
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAR -9 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94/000030012**
 1. Corporation Name **SLC SERVICES INC. d/b/a/**
Port St. Lucie Shell

Principal Place of Business Mailing Address
7201 SOS#1
Port St. Lucie FL 34952

700002454367--3
-03/11/98--01109--010
******900.00 ****900.00**

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 or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		April 94	
City & State		City & State		5. FEI Number 65-0485829	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P President	VAN SOWERBY	7201 SOS#1 Port	Port St. Lucie FL 34952

REINSTATEMENT 97-98

G. Sowerby
3/9/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VAN SOWERBY 7201 SOS#1 Port St. Lucie FL 34952		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 **Van Sowerby** Date **3-5-98**
 REGISTERED AGENT MUST SIGN

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: **Van Sowerby** **3-5-98** (561) 878-2315
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1/98)