

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Miller  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000083270**

1. Corporation Name

**SUNBELT INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

1254 FISH HOOK WAY  
PONTE VEDRA BEACH FL 32082  
US

1254 FISH HOOK WAY  
PONTE VEDRA BEACH FL 32082  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/15/1994

5. FEI Number

59-3274801

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
TD	PASTORI, MARY KATHERINE	1254 FISH HOOK WAY	PONTE VEDRA BEACH FL 32082
SD	BOW, H. THOMAS III	83-9. 30TH AVE.	JACKSONVILLE BEACH FL
SD	Robert Pastori	1254 Fish Hook Way	Ponte Vedra Beach, FL 32082
			593253900517-8
			-09708739-90007-033
			****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SP

PASTORI, MARY KATHERINE  
1254 FISH HOOK WAY  
PONTE VEDRA BEACH FL 32082

Name John McE. Miller, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
333 First St. N., Suite 305

Suite, Apt. #, Etc.

City Jacksonville Beach

State FL

Zip Code 32250

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

John McE. Miller

REGISTERED AGENT MUST SIGN

Date 10-28-99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert Pastori

10-28-99

Date

904-759-6206

Daytime Phone #