

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 18 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95 0000 28076**

1. Corporation Name

SARG GIFT INC.

2. Principal Office Address

2000 HOTEL PLAZA BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLA. 32830

City & State

Zip

32830

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-7-95

5. FEI Number

58-2714679

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RALPH D. GILVIN

800003334908-7

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

9339 CHARLES E. LINCOLN RD.

07/25/99-01947-021

*******900.00 *****900.00**

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ralph D. Gilvin

Date **7-18-01**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	RALPH D. GILVIN	9339 CHARLES E. LINCOLN RD.	ORLANDO, FL 32836
SEC. Treas.	SANDRA H. GILVIN	9339 CHARLES E. LINCOLN RD.	ORLANDO, FL 32836

REINSTATEMENT

AD

SM

10. 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:

Ralph D. Gilvin **RALPH D. GILVIN**

7-18-01

Date

407-32-3875

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR