

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000035651**

1. Corporation Name

Sanke Fe, Suwannee & Tampa Bay, Inc.

2. Principal Office Address - No P.O. Box #

2531 Eagle Bay Drive
Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 15588
Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

Tallahassee FL

Zip

32073

Country

USA

Zip

32317-5588

Country

USA

7. Name and Address of Current Registered Agent

Name

BRUCE A. MINNICK, PA

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

9017 Eagles Ridge Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Bruce A. Minnick PA

REGISTERED AGENT MUST SIGN

Date **April 26, 2010**

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
DPT	Henry, William A	2531 Eagle Bay Drive	Orange Park FL 32073
DVPS	Henry, Debra S.	2531 Eagle Bay Drive	Orange Park FL 32073
DMD	Henry, JACOB A	2531 Eagle Bay Drive	Orange Park FL 32073
D	MINNICK BRUCE A	9017 Eagles Ridge Drive	Tallahassee FL 32073

REINSTATEMENT

08-10 RLT

10. E-mail Address: **bam@minnicklaw.com**

(To be used for future annual report notification)

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. I further certify, 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:

Bruce A. Minnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 29 '10**

Daytime Phone #

FILED

10 JUL 13 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000180292150
05/04/10--01055--005 **8.75

000180292150
05/04/10--01055--005 **300.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1995

5. FEI Number

59-3316250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Call BAMA 850 210 0015 if needed