

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 # **P95000048555**
1. Corporation Name
SAIL WING, INC.

FILED

98 OCT -1 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

REINSTATEMENT 96-98

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

2. New Principal Office Address, If Applicable
11300 U.S. Highway One

Suite # 203

City & State
North Palm Beach, FL

Zip **33408-3208** Country **Palm Beach**

3. New Mailing Office Address, If Applicable
11300 U.S. Highway One

Suite # 203

City & State
North Palm Beach, FL

Zip **33408-3208** Country **Palm Beach**

4. Date Incorporated or Qualified
To Do Business in Florida

June 21, 1995

5. FEI Number

☒ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Wilhelm Sedlak	3222 N.E. 40th Street	Ft. Lauderdale, FL 33308
Sect.	Ingrid Sedlak	3222 N.E. 40th Street	Ft. Lauderdale, FL 33308

800002659778-3
-10/08/98-01098-012
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

H. Max Fricker
H. Max Fricker & Associates, Inc.
11300 U.S. Highway One, Suite 203
North Palm Beach, FL 33408-3208

9. Name and Address of New Registered Agent

Name **H. Max Fricker**
Street Address (P.O. Box Number is Not Acceptable)
11300 U. S. Highway One
Suite, Apt. #, **Suite 203**
City **North Palm Beach** State **FL** Zip Code **33408-3208**

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

REGISTERED AGENT MUST SIGN

Date **9/28/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒ Did not have assets on Jan. 1

(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:

H. Max Fricker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98

(561) 625-1005

Date Daytime Phone #