

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 # **PA5000050149**

1. Corporation Name

Sanford Plaza, Inc. of Deltona

Principal Place of Business

Mailing Address

**581 Antoinette St. Same
Deltona, FL 32725**

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

2. New Principal Office Address, If Applicable

2921 Orlando Drive

Suite, Apt. #, etc.

Suite 160

City & State

Sanford, FL

Zip

32773

Country

Seminole

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

32773

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

June 27, 1995

5. FEI Number

59-3322997

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Thomas J. Hacker +	14A - 14th Avenue	Whitestone, NY 11357
Dir., V.P.	S. David Smith	701 Raleigh Court	Deltona, FL 32728
Sec./Treas.			

**200002178142--0
-05/14/97--01062--001
****923.75 ****923.75**

8. Name and Address of Current Registered Agent

**Stanlee J. Smith
2921 Orlando Drive, Ste. 160
Sanford, FL 32773**

9. Name and Address of New Registered Agent

**Name
S. David Smith
Street Address (P.O. Box Number is Not Acceptable)
2921 Orlando Drive, Ste. 160
Suite, Apt. #, Etc.
City
Sanford
State
FL
Zip Code
32773**

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

S. David Smith

REGISTERED AGENT MUST SIGN

Date **5-9-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: **Thomas J. Hacker**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-97
Date Daytime Phone #
407-324-7114

CH2E040 (12/96)