

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P95000050149**

1. Corporation Name

**SANFORD PLAZA, INC. OF DELTONA**

Principal Place of Business

Mailing Address

2921 ORLANDO DR  
SUITE 220  
SANFORD FL 32773

P.O. BOX 5357  
DELTONA FL 32728

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

06/27/1995

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS	SMITH, SAM	P.O. BOX 5357	DELTONA FL 32728
VPD	HUCKERT, TOM <i>Huckert Tom</i>	149-1900 AVE	WHITE STONE NY 11357

300024377103  
11/03/03--01045--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, SAM  
2921 ORLANDO DR  
SUITE 220  
SANFORD FL 32773

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10-24-03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-324-

10-24-03

1178

CR2E040 (7/03)

# **SANFORD PLAZA, INC. OF DELTONA**

*Post Office Box 5357 \* Deltona, Florida 32738*

*Phone: (407) 324-1178, Fax: (407) 324-4613*

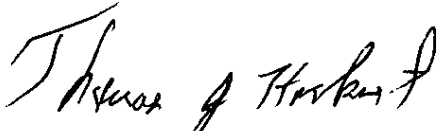
October 24, 2003

Division of Corporations  
Annual Report/Reinstatement Division  
P O BOX 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

We did not receive the UBR notice for our renewal. Please accept our application.

Thank you,

A handwritten signature in black ink, appearing to read "Tom Hackert". The signature is stylized with a large initial "T" and a cursive "Hackert".

Tom Hackert, V. President