

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



97 SEP -2 PM 2:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **POS-146051**

1. Corporation Name

SFA America, Inc

Principal Place of Business

**13561 SW 40th Circle
 Ocala, FL 34473**

Mailing Address

**13561 SW 40th Circle
 Ocala, FL 34473**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8/25/95

5. FFI 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)

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
P/T/S Y	Gerard P. Auvray	34 lotissement du Gulf 97118 Saint Francois	Guadeloupe
			200002284052--2 -09/03/97--01067--001 ****923.75 ****923.75
			REINSTATEMENT 9/6-97
			9/2/97

8. Name and Address of Current Registered Agent

**RICHARD H. MANET
 101 E. KENNEDY BLVD. Suite 370
 TAMPA, FL. 33602**

9. Name and Address of New Registered Agent

Name **KATICA PAVICIC**
 Street Address (P.O. Box Number is Not Acceptable) **13561 SW. 40 CIRCLE**
 Suite, Apt. #, Etc.
 City **OCALA** State **FL** Zip Code **34473**

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

Katica Pavicic

REGISTERED AGENT MUST SIGN

Date

9-2-97

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:

Katica Pavicic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)