

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046886

1. Corporation Name

S & D LAND CLEARING, INC.

Principal Place of Business

FRANK BENNETT RD
CROSS CITY FL 32628

Mailing Address

P O DRAWER 2480
CROSS CITY FL 32628

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 22 AM 10:16



REINSTATEMENT 00

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

05/28/1996

5. FEI Number

59-3387233

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
DP	SANDERS, DAVID L	BILL OSTEN RD	CROSS CITY FL 32628
VP VP	SANDERS, JAY B Thompson, James F.	BILL OSTEN ROAD Bill Osten Road	CROSS CITY FL Cross City, FL 32628
DST	SANDERS, SUSAN D	BILL OSTEN RD	CROSS CITY FL 32628
			000003491160--2 12/07/00-01073-018 ****758.75 ****758.75 DR 12/15

8. Name and Address of Current Registered Agent

SANDERS, DAVID L
FRANK BENNETT RD
CROSS CITY FL 32628

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

David Sanders
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-18-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Sanders
Susan D. Sanders 10/27/00 352-498-3892
Date Daytime Phone #