

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 NOV 10 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052099

1. Corporation Name

SASSAFRAS GROUP, INC.

Principal Place of Business

Mailing Address

~~1499 SOUTHWEST 30 AVENUE, SUITE 14
BOYNTON BEACH, FL 33426~~

POST OFFICE BOX 7987
DELRAY BEACH FL 33482

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.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State BOCA RATON FL

City & State

Zip	Country
33496	USA

Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida

06/18/1996

5. FEI Number
65-0674536

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
PSTD	SOLOMON, STEVEN	1499 SOUTHWEST 30 AVENUE, SUITE 18145 LONG LAKE DRIVE	BOYNTON BEACH FL 33426 BOCA RATON, FL. 33426
			000002344880--6 -11/12/97--01084--019 ****750.00 ****750.00
			REINSTATEMENT <u>97</u>
			96 11-10-97

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

~~AMERILAWYER CHARTERED~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name STEVE SOLOMON
Street Address (P.O. Box Number Is Not Acceptable)
18145 LONG LAKE DR.
Suite, Apt. #, Etc.

City BOCA RATON State FL Zip Code 33496

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 John Solomon REGISTERED AGENT MUST SIGN

Date 11/5/91

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97 Date 561-733-9285 Daytime Phone #