

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 12: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081313

1. Corporation Name

SAGITARIUS, INC.

Principal Place of Business

Mailing Address

1808 N FT HARRISON
CLEARWATER FL 34615
US

126 17TH AVENUE N.E.
ST. PETERSBURG FL 33704

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

8082 STIMIE AVE. N.

ST. PETERSBURG, FL.

33710

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1996

5. FEI Number

59-3409589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO \$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
V	NICKELSON, THOMAS R	1700 PARK ST-8 1007 21ST AVEN.	ST PETERSBURG FL 33704
T	LOVELADY, JENNIFER P	126 17 AVE NE 8082 STIMIE AVE. N.	ST PETERSBURG FL 33710
S	LARBALESTRIER, PATRICIA A	1700 PARK ST-8 1007 21ST AVE N.	ST PETERSBURG FL 33704
P	LOVELADY, JEFFERY W	126 17 AVE NE 8082 STIMIE AVE N.	ST PETERSBURG FL 33710
REINSTATEMENT 98 11/25/98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOVELADY, JEFFREY W

126 17TH AVENUE N.E. 8082 STIMIE AVE. N.

ST. PETERSBURG FL 33704 ST. PETERSBURG, FL

33710

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-15-98

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 REQUIRED
JEFFREY W. LOVELADY

Date

Daytime Phone #

11-15-98

461-6288

CR02040 (9/98)