

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 OCT 12 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090652

1. Corporation Name

SLB, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

8910 NORTH DALE MABRY

Suite, Apt. #, etc.

SUITE 8

City & State

TAMPA, FLORIDA

Zip

33614

Country
USA

3. New Mailing Office Address, If Applicable

P. O. BOX 151407

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33684-1407

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/5/96

5. FBI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

SR 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/T	KENT E. MOSS	8910 NORTH DALE MABRY SUITE 8	TAMPA, FLORIDA 33614

100002663321--3

10/14/98-01057-003

***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE, FL 32301

Name

KENT E. MOSS

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

8910 NORTH DALE MABRY

Suite, Apt. #, etc.

SUITE 8

City

TAMPA

State

FL

Zip Code

33614

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

REGISTERED AGENT MUST SIGN

Date

10/8/98

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(2)(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

KENT E. MOSS, PRESIDENT

Date

Daytime Phone #

10/8/98 813-933-8118