

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000004883

1. Corporation Name

SEND-A-HUG, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 DEC 31 PM 12:09

Principal Place of Business

7148 BERA CASA WAY
UNIT B
BOCA RATON FL 33433

Mailing Address

7148 BERA CASA WAY
UNIT B
BOCA RATON FL 33433

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

Date Incorporated or Qualified
To Do Business in Florida

01/13/1997

5. FEI Number

65-0720684

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PD

SCHNEIDER, ROBERT

7168 VIA PALOMAR

BOCA RATON FL 33433

VD

SCHNEIDER, LAURA

7168 VIA PALOMAR

BOCA RATON FL 33433

600010133376
01/15/03--01066--011 **750.00

8. Name and Address of Current Registered Agent

SCHNEIDER, ROBERT
7148 BERA CASA WAY
STE B
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

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 REQUIRED
Schneider

Date

12/30/02

Daytime Phone #

CR2E040 (8/02)