

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000006767

1. Corporation Name

FOREIGN AMERICAN SALES, INC.

Principal Place of Business

Mailing Address

6026 S. TAMIAMI TR
SARASOTA FL 34231
US

6026 S. TAMIAMI TR
SARASOTA FL 34231
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1997

5. FEI Number

65-0829197 APPLIED FOR

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
1	2	3	4
PSTD	SIMMONS, MARY LU	6026 S. TAMIAMI TRAIL	SARASOTA FL 34231

400004717364--2

-12/10/01--01108--014

****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMMONS, MARY LU
6026 S. TAMIAMI TRAIL
SARASOTA FL 34231

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

Mary L Simmons
REGISTERED AGENT MUST SIGN

Date 10-31-01

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:

Mary L Simmons Mary L Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-4831838

10/31/01

Florida Dept. of State
Division of Corporations
Attn: Dept. of Reinstatements
Re: Document #P97000006767

To whom it may concern:

Attached is the application for reinstatement. I have completed the information that you have requested.

I do not know how my corporation became dissolved in the year 2000.

I am always aware of anything that I receive from the government, and I always do my best to take care of the situation immediately. For this reason I am sure that I did not receive any previous notifications on renewal of my corporation.

I ask that your Dept. reinstate my corporation and waive any late fees.

Enclosed is a check for \$300.00 for reinstatement. *4 8.75*

Thank you for your consideration.

Sincerely,

Mary L. Simmons
Mary L. Simmons