

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 11 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000 70181**

1. Corporation Name

Simsbury Corporation

2. Principal Office Address

13929 155th PL N

Suite, Apt. #, etc.

City & State

Jupiter FL

Zip

33478

Country

USA

3. Mailing Office Address

13929 155th PL N

Suite, Apt. #, etc.

City & State

Jupiter FL

Zip

33478

Country

USA

100023284731
09/23/03--01048--021 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/1997

5. FEI Number

05-0582278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Bryan Manderville

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

13929 155th PL N

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature of Bryan Manderville]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President	Michelle Manderville	13929 155th PL N	Jupiter, FL 33478
Vicepres.	Brandon Manderville	13929 155th PL N	Jupiter, FL 33478

REINSTATEMENT 02-03

TS

10. 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 of Michelle Manderville]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/03 (Sui) 7439801
Date Daytime Phone #

CR2E081 (10/02)