

PLEASE READ ALL INSTR

BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DE  
Gloria A. Wood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -5 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000075442

1. Corporation Name

S &amp; T SERVICES, INC.

Principal Place of Business

Mailing Address

3203 GRENADA WAY  
TAMPA FL 33618  
US3203 GRENADA WAY  
TAMPA FL 33618  
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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/1997

5. FEI Number

59-3004095

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	TAMARGO, SANDRA B	3203 GRENADA WAY	TAMPA FL 33618
STD	TAMARGO, ALENA M	3203 GRENADA WAY	TAMPA FL 33618

000027545050  
01/26/04--01016--001 \*\*150.00000027545050  
02/09/04--01036--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAMARGO, SANDRA B  
3203 GRENADA WAY  
TAMPA FL 33618

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*Sandra Tamargo*  
REGISTERED AGENT MUST SIGN

Date

1/19/04

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:

*Sandra Tamargo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/04

Daytime Phone #

CR2ED40 (7/03)