

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

DOCUMENT # P97000104500

1. Corporation Name

SANRON TECHNOLOGIES, INC.

Principal Place of Business

2816 -69TH ST. E.  
BRADENTON FL 34208

Mailing Address

2816 -69TH ST. E.  
BRADENTON FL 34208

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-6253199

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILES, SANDRA H	<del>5403 34TH ST. E.</del> 2816 69th St. E.	BRADENTON FL <del>34208</del> 34208
VP	WILES, RONALD	2816 -69TH ST. E.	BRADENTON FL 34208

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11/06/02--01142--008 \*\*150.00

02 UBR T8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIXON, JAMES M II  
4905 MANATEE AVE. W.  
BRADENTON FL 34209

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-30-02

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  
SANDRA H. WILES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02  
Date

941-744-9460  
Daytime Phone #

Sanron Technologies, Inc.  
2816 69<sup>th</sup> St. E.  
Bradenton, FL 34208

# Sanron Technologies, Inc.

October 31, 2002

Dear Sir or Madam:

This letter is to inform you that Sanron Technologies has not received and previous forms for registering our company with the State of Florida.

I, Sandra Wiles, President of Sanron Technologies, has not received any of the previous filing forms, but do want our company reinstated. Attached is the proper form signed along with the \$150 registration fee.

Please inform us if there are any questions about our request for reinstatement.

Sincerely,

*Sandra H. Wiles*

Sandra Wiles  
President  
Sanron Technologies