

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

02 NOV -5 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008665

1. Corporation Name

SIDE EFFECTS OF GAINESVILLE, INC.

Principal Place of Business

1220 W UNIVERSITY AVE  
GAINESVILLE FL 32601

Mailing Address

6908 SW 183 PLACE  
MICANOPY FL 32664

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1220 W University Ave

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32601

Country

US

3. New Mailing Office Address, If Applicable

1220 W University Ave

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32601

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1998

5. FEI Number

65-0809493

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	SARAIVA, JAMES	<del>22800 NW 91ST COURT ROAD</del> 27 NW 84th ST	<del>MICANOPY FL 32664</del> Gainesville, FL 32607
PD	SARAIVA, NICOLE	<del>22800 NW 91 CT ROAD</del> 27 NW 84th ST	<del>MICANOPY FL 32667</del> Gainesville, FL 32607

2000008811342  
11/05/02--01094--020 \*\*150.00

8. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

James Saraiva

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

1220 W University Ave

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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]*  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

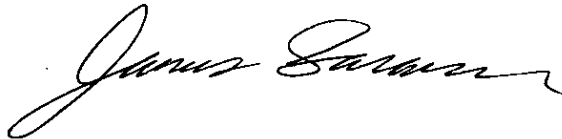
10-30-02 352-38-9998  
Daytime Phone #

CR2E040 (802)

To whom it may concern

I have recently recieved a form stating that my corporation has been dissolved. Prior to this I had not recieved any information informing me of the actions needed to complete this yearly corporate information. I had not recieved the first form or even a second notice. I believe that their had been a mix up in the mailing address from when we purchase the business. The address that things were sent to was 6908 sw 183 place, micanopy, this is not correct. I have made the corrections need on the reinstatement form attected with my correct payment of \$150.00.

Thank You  
James P. Saraiva



SIDE EFFECTS  
1220 W. UNIVERSITY AVE.  
GAINESVILLE, FL 32601  
352-338-9998