

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

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
MICHANOPY 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

1220 W. university Ave
Gainesville FL 32601

32601

ALACHUA

FILED

03 DEC -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SARAIVA, JAMES	27 NW 84TH STREET	GAINESVILLE FL 32607
PD	SARAIVA, NICOLE	27 NW 84TH STREET	GAINESVILLE FL 32607

500025129575

12/01/03--01083--010 **150.00

8. Name and Address of Current Registered Agent

SARAIVA, JAMES
1220 W UNIVERSITY AVE
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

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]
REGISTERED AGENT MUST SIGN

Date

11-25-03

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

Daytime Phone #

11-25-03

CR2E040 (7/03)

11.24.03

To whom it may concern, enclosed is my payment of 150.00. I never received my corporation forms. I made a change of address last year that was not properly entered by your department. I spoke to Ula who informed me that the address was not changed. I hope that this situation is corrected.

Thank you
James Saraiva