

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION

1999-2000

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL -6 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011820

1. Corporation Name

Sunbelt Services & Management, INC

2. Principal Office Address

23123 U.S. 441

Suite, Apt. #, etc.

Suite 300A

City & State

BOCA RATON, FL

Zip

33428

Country

USA

3. Mailing Office Address

23123 U.S. 441

Suite, Apt. #, etc.

Suite 300A

City & State

BOCA RATON

Zip

33428

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2-5-1988

5. FEI Number

65-0810060

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

JAMES FAIZONE, JR

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

23123 U.S. 441

Suite, Apt. #, Etc.

Suite 300A

City

BOCA RATON

State

FL

Zip Code

33428

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]*

REGISTERED AGENT MUST SIGN

Date 6-29-00

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
PTD	FAIZONE, JAMES	23123 U.S. 441, Suite 300A	BOCA RATON, FL 33428
VPDS	FAIZONE, JAMES JR.	23123 U.S. 441 Suite 300 A	BOCA RATON FL 33428

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]*

JAMES FAIZONE, JR, VP, 6-29-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(861) 495-5525

CR2E081 (9/99)

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**SUNBELT SERVICES & MANAGEMENT, INC.  
23123 US. 441  
SUITE 300 A  
BOCA RATON, FL 33428  
561-495-5525**

**TO: FLORIDA DEPT OF STATE  
RE: COPORATION REINSTATEMENT**

**TO WHOM IT MAY CONCERN:**

**IT HAS JUST COME TO MY ATTENTION THAT MY CORPORATION, SUNBELT SERVICES & MANAGEMENT, INC., FILED 2-5-1998, DOCUMENT # P98000011820, WAS TERMINATED IN SEPTEMBER OF 1999. I HAD SENT THE RENEWAL TO THE DEPARTMENT OF STATE WITH THE APPROPRIATE FEE BUT I AM BEING TOLD THAT I DID NOT HAVE MY FEI NUMBER ON THE RENEWAL APPLICATION. YOUR OFFICE APPARANTELY TRIED TO NOTIFY ME BY MAIL BUT AS I INFORMED AN AGENT IN YOUR OFFICE LAST WEEK I NEVER RECEIVED NOTICE. IT APPEARS THAT MY ADDRESSES ON FILE ARE INCORRECT AND THIS IS THE PROBABLE CAUSE OF MY NOT GETTING NOTICE.**

**PLEASE REINSTATE MY CORPORATION. I HAVE ENCLOSED A FEE OF \$150.00 AS INSTRUCTED BY YOUR DEPARTMENT AND HAVE MADE SURE THE FEI NUMBER IS ON THE REINSTATEMENT APPLICATION.**

**PLEASE NOTE THAT ON THE REINSTATEMENT APPLICATION I HAVE PUT OUR CURRENT ADDRESSES AND PHONE NUMBERS. PLEASE UPDATE OUR ADDRESSES.**

**THANK YOU FOR YOUR HELP IN THIS MATTER AND I APOLOGIZE FOR ANY INCONVIENANCE THIS HAS CAUSED.**

**SINCERELY,**



**JAMES FALZONE, JR.  
VP  
SUNBELT SERVICES**