

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 26 AM 12:01

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000058203

1. Corporation Name

Sahall Incorporated

2. Principal Office Address

111 E Spearfish Ln

Suite, Apt. #, etc.

3. Mailing Office Address

111 E Spearfish Ln

Suite, Apt. #, etc.

City & State

Jupiter
Florida

City & State

Jupiter, Florida

Zip

33477

Country

USA

Zip

33477

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/98

5. FEI Number

65-0900435

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200005044572--3

-03/06/02--01005--021

*****600.00 *****600.00

7. Name and Address of Current Registered Agent

Name

Susan H Shepard

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

111 E Spearfish lane

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33477

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

Susan H Shepard

Date 2/16/02

REGISTERED AGENT MUST SIGN

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
P	Susan H. Shepard	111 E Spearfish Ln	Jupiter, FL 33477

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:

Susan H Shepard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02

Date

(561)

575-4549

Daytime Phone #

CR2E081 (9/01)

Sahail Incorporated
111 E Spearfish Lane
Jupiter, FL 33477

Feb 18, 02

FBI#
65-0900435

Dept of State
Division of Corporations

I am enclosing \$600. for the reinstatement fee as per the instructions of the examiner to whom I spoke from the Division of Corporations

She also indicated that I inform you that I had never received any notices. That they had been sent, but were returned to your department. I had moved and although I had given the Post Office a forwarding address they did not deliver them to me.

I am enclosing a check for \$8.75 to pay for a certificate of status.

Please let me know if there is anything more I need to do.

Thank you,