

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000058967

1. Corporation Name

SARAND CORPORATION

Principal Place of Business

4301-D FORTUNE PLACE
WEST MELBOURNE FL 32904

Mailing Address

4301-D FORTUNE PLACE
WEST MELBOURNE FL 32904

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

Suite, Apt. #, etc.

4301-E FORTUNE PL.

Suite, Apt. #, etc.

4301-E FORTUNE PL.

City & State

W. MELBOURNE FL

City & State

W. MELBOURNE, FL

Zip

32904

Country

USA

Zip

32904

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1998

5. FEI Number

72-1366551

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	BECKER, HOLLEE H	4203 SPARROW HAWK RD	MELBOURNE FL 32934
SV	BECKER, HOWARD	4203 SPARROW HAWK RD	MELBOURNE FL 32934

700004669947--9

11/07/01-01003-011

****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BECKER, HOWARD
4301-D FORTUNE PLACE
WEST MELBOURNE FL 32904

Name

BECKER, HOLLEE

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

4301-G FORTUNE PL

Suite, Apt. #, Etc.

City

W. MELBOURNE

State

FL

Zip Code

32904

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.

Signature of
Registered Agent

[Signature]

Date 12 09 01

REGISTERED AGENT MUST SIGN

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

12 09 01

Date

321.733.5553

Daytime Phone #