Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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001133.161697

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

SR2, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

*Once the Reinstatement has been processed, please coordinate processing of the enclosed name change amend. w/ the Amendment Section #

Electronic Filing Menu Corporate Filing Menu Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 FEB 15 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000062908

1. Corporation Name
SR2, Inc.

FEB 15 2012

T. SCOTT

2. Principal Office Address - No P.O. Box #
221 North Krome Ave

Suite, Apt. #, etc.

City & State
Homestead Fl

Zip 33030 Country USA

3. Mailing Office Address
Same as principal

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 07/15/1998

5. FEI Number 65-0903164 ☐ 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: Barnes, Robert J.

Street Address (P.O. Box Number is Not Acceptable)
221 North Krome Avenue

Suite, Apt. #, Etc.

City Homestead State FL Zip Code 33030

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 _____ Date 2/14/12
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
DP	Robert Barnes	221 North Krome Ave	Homestead, Fl 33030
PT	Ronaldson Wells	13 North Krome Ave	Homestead Fl 33030
DVS	Sam Murry	221 North Krome Ave	Homestead, Fl 33030

10. E-mail Address: jrobertbarnes@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 2/14/12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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Daytime Phone #