

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC -3 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003577

1. Corporation Name

SF Enterprises of Sarasota, Inc.

2. Principal Office Address

2517 W. Burr Oak Ct.

3. Mailing Office Address

2517 W. Burr Oak Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

USA

Zip

34232

Country

USA

400008150154--2

-10/02/02--01023--014

\*\*\*\*150.00 \*\*\*\*150.00

400008150154

12/03/02--01037--014 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1999

5. FEI Number

65-0888360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel L. Prewett

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

5777 Beneva Road South

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

REGISTERED AGENT MUST SIGN

Date

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/S/T/D	Seth T. Fleming	2517 W. Burr Oak Ct.	Sarasota, FL 34232

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:

Seth T. Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-25-02

Daytime Phone #

CR2E081 (9/01)

js 12/6

September 25, 2002

Florida Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: SF Enterprises of Sarasota, Inc.  
P99000003577

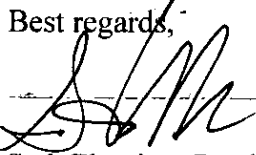
Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. In the fall of 1999, we changed locations and never received the renewal notice for tax year 2000.

Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,



Seth Fleming, President

Enclosure