

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 PM 4:22

DOCUMENT # P99000018726

1. Corporation Name

SAPPLING FOREST PRODUCTS, INC.

Principal Place of Business

Mailing Address

1004 WOODALL DRIVE  
ALTAMONTE SPRINGS FL 32714

1004 WOODALL DRIVE  
ALTAMONTE SPRINGS FL 32714



REINSTATEMENT 00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1999

Suite, Apt. #, etc.  
STE. 1201-101

Suite, Apt. #, etc.  
STE. 1201-101

5. FEI Number

Applied For

59-3561830

Not Applicable

City & State  
ALTAMONTE SPRINGS FLA

City & State  
ALTAMONTE SPRINGS FLA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip  
32714

Country  
SEMINOLE

Zip  
32714

Country  
SEMINOLE

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KEATING, ANDREW J	1004 WOODALL DRIVE 2360 W. LAKE BRANTLEY DR.	ALTAMONTE SPRINGS FL 32714 LONGWOOD FLA 32779

900003458099-4  
11/09/00-01019-009  
\*\*\*\*750.00 \*\*\*\*750.00

AB 11/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUALMANN, CHRISTOPHER R -  
101 SOUTHBALL LANE  
SUITE 400  
MAITLAND FL 32751

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-19-00

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00

Date

(407)

786-4078

Daytime Phone #