


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000051051

1. Corporation Name

SANTA ROSA FRAMERS, INC.

Principal Place of Business

4570 OAK FOREST DRIVE
MILTON FL 32538

Mailing Address

4570 OAK FOREST DRIVE
MILTON FL 32538

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

5. FEI Number

59-3585447

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CORNELISON, DANA M	4570 OAK FOREST DRIVE	MILTON FL 32538
D	THORNSON, TERRY W	1011 CARY MEMORIAL DRIVE	PENSACOLA FL 32505

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-12/11/01--01084--004

****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORNELISON, DANA M
4570 OAK FOREST DRIVE
MILTON FL 32538

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN WM. COBB & ASSOCIATES, INC.

3101 W. Michigan Ave.
Pensacola, FL 32526

Accounting & Tax Service
Individual & Business
Financial Planning

Phone (850) 944-5503
Fax (850) 944-5530
mail cobbassoc@aol.com

October 25, 2001

Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, FL 32514-6327

RE: Santa Rosa Framers, Inc.
4570 Oak Forest Drive
Milton, FL 32538

Enclosed is a check for the filing fee of \$150.00. I am requesting reinstatement of the above stated corporation. The officer of the corporation did not receive a notice during the first of 2001 for the filing fee to be paid. Santa Rosa Framers, Inc. has a history of filing and paying all required forms and taxes to the Federal and State Agencies on time. This must have been an error with the postal service. Would you please abate all penalties.

If you have any further questions, please call!

Sincerely,

Jennifer Cobb

Jennifer Cobb
Accountant