| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PLEASE | | | | | | |
|--|---|-------------------|-------------------|---|---|--|
| CORPORATION | | | Kather Secreta | RTMENT OF STATE ine Harris ary of State corporations | FILED 02 SEP 27 AM 10: 38 | |
| DOCUMENT # 199000057058 | | | | | SECRETARY OF STATE TALLAHASSEE, FLEREA | |
| Sailaway Properties, Inc. | | | | | 400008081274 2 -03/27/0201065009 *****300.00 *****300.00 | |
| 2. Principal Office Address 3. Mailing Office Address | | | | ress | - - | |
| 11315 Business Park Blvd. 11315 Business Par Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | Boulevard | | |
| | | | | ×. | 4. Date Incorporated or Qualified To Do Business in Florida $6-24-99$ | |
| | | | City & State | | 5. FEI Number Applied For | |
| Jack: Zip | <u>sonvii</u> | Le, FL Country | Jacksonvil | Le, FL - Country | 59-3590409 Not Applicable | |
| 3225 | 6 | USA | 32256 | USA | CERTIFICATE OF STATUS DESIRED Status Status | |
| ž | Name Richard W. Roberson, 11315 Business Park Blvd, Jacksonville, FL 32256 Street Address (P.O. Box Number is Not Acceptable) 11315 Business Park Boulevard Suite, Apt. #, Etc. State City State Jacksonville State State Zip Code Jacksonville 32256 | | | | | |
| B. 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 Date Date | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each Oil (Oil + 1/2) | | | | | | |
| Titles | Titles Officers and/or Directors | | | Officer and/or Director | | |
| Р | Richard W. Roberson 11315 Business Park Blvd. Jacksonville, FL 3225 | | | | | |
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| | OI-OZ | | | | UBIL | |
| | | | | | * G | |
| 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 instituduals 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 DANTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | |

KOPELOUSOS & BRADLEY, P.A. Attorneys at Law 1279 Kingsley Avenue - Suite 118 Orange Park, Florida 32073 Mailing Address: P.O. Box 562 Orange Park, Florida 32067-0562

JOHN KOPELOUSOS ROBERT M. BRADLEY, JR.

TELEPHONE: (904) 269-1111 TELECOPIER: (904) 269-1115

August 28, 2002

Weed to Reinstate -57058 ès, Inc.

Enclosed please find the Application for Reinstatement and Reincorporation of Legislatively or Judicially Chartered Corporation which have been filled out and executed by the President of Sailaway Properties, Inc.

It is my understanding that this corporation was administratively dissolved because the Uniform Business Report was not received by the Division of Corporation. The corporation never received the Uniform Business Reports due to a wrong address. We are requesting that any penalty be waived. 2001

I have enclosed my firm check in the amount of \$300.00 to cover the cost of reincorporation of Sailaway Properties, Inc.

Please do not hesitate to contact me if I can provide additional information. Thank you for your assistance in this matter.

Very truly yours

John Kopelousos

JK/ts

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Enclosures