

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT -5 PM 12:16

DOCUMENT # P99000071128

1. Corporation Name

SARAL, INC.

2. Principal Office Address - No P.O. Box #

21735 Belgian Ct.  
Suite, Apt. #, etc.

3. Mailing Office Address

21735 Belgian Ct.  
Suite, Apt. #, etc.

City & State

Mount Dora, FL.

City & State

Mount Dora, FL.

Zip

32757

Country

USA

Zip

32757

Country

USA

700161324027  
10/05/09--01037--007 \*\*308.75

KS

REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 1999

5. FEI Number

59-3592875

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

SARA R. MacKenzie

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

21735 Belgian Court

Suite, Apt. #, Etc.

City

Mount Dora

State

FL

Zip Code

32757

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Sara R. MacKenzie  
REGISTERED AGENT MUST SIGN

Date 10/1/09

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
<u>Pres.</u>	<u>SARA R. MacKenzie</u>	<u>21735 Belgian Ct.</u>	<u>Mt. Dora, FL 32757</u>
<u>V. Pres.</u>	<u>Ralph J. MacKenzie</u>	<u>21735 Belgian Ct.</u>	<u>Mt. Dora, FL 32757</u>

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 contained in Chapter 119, 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

Sara R. MacKenzie / Sara R. MacKenzie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/09

Daytime Phone #

(352)

383-7339