

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

915-2000 UBR  
CORPORATION  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 12 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S86023

1. Corporation Name

Southland Management of St. Lucie, Inc.

2. Principal Office Address

6858 WEDELIA TERR.

Suite, Apt. #, etc:

City & State

Palm City FL

Zip

34990

Country

USA

3. Mailing Office Address

P.O. Box 2473

Suite, Apt. #, etc:

City & State

Palm City FL

Zip

34991

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/9/91

5. FEI Number

65-0290192

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

MICHAEL TRAPANI

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

6858 WEDELIA TERR.

Suite, Apt. #, Etc.

200003312852-9

-07/05/00--01058--019

\*\*\*\*265.00 \*\*\*\*265.00

City

Palm City

State

FL

Zip Code

34990

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

Michael

REGISTERED AGENT MUST SIGN

Date

5/31/00

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
N/A	P TRAPANI, MICHAEL	6858 WEDELIA TERR	PALM CITY, FL 34990
			200003312852-9
			-07/05/00--01058--020
			****750.00 ****750.00
			LS

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:

Michael

MICHAEL TRAPANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-00

Date

561-781-1733

Daytime Phone #

CR2E081 (9/99)

20/2

Michael Trapani

6858 SW Wedelia Terrace  
Palm City, Florida 34990  
(561) 781 1733

May 31, 2000

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Southland Management of St. Lucie, Inc.  
FEI# 65 0290192

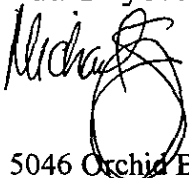
To whom it may concern:

I am in the process of registering my corporation in a place of business and in the process of doing so, I have learned that my corporation has been dissolved since August of 1995.

I am writing this letter to inform you that I never received the paperwork for the annual report in 1995 and therefore I was unaware that they dissolved the corporation. On the corporate detail record screen, it shows that my address is 504 Cliff Road of which I moved from this address in March of 1995. Even though I moved, there should have been a forwarding address of which I never received any correspondence at all.

I spoke with a Michelle in your office and she informed me to write this letter and send a check in the amount of \$750.00 of which you will review this case. Could you please call me with any questions regarding my corporation to be reinstated.

Thank you.



5046 Orchid Bay Drive  
Palm City, Florida 34990

(561) 781-1733  
fax (561) 781-1644

e-mail: [strathfl@bellsouth.net](mailto:strathfl@bellsouth.net)