| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PLEASE READ ALL INSTRUCTIONS DEPORTURED TO STATE STATE STATE BOCUMENT # S 8 00 1 SOUTH THE STATE STATE SOUTH THE STATE STATE STATE STATE STATE STATE THOUGHT HOLD THE STATE STATE STATE STATE STATE STATE STATE | | | | | | | |
|--|---|--|------------------------|---|--|------------------|--|
| DOCUMENT # 59831 1. Copposition Name Sauge Corporation Freezal Piece of Enrices 3SSQ S. Orrange AND Obligation of Enrices and Enrices of Enrices 3SSQ S. Orrange AND Obligation of Enrices New Principal Piece of Enrices 3SSQ S. Orrange AND Obligation of Enrices New Principal Piece of Enrices New Principal Piece of Enrices 3SSQ S. Orrange AND Obligation of Enrices New Principal Piece of Enrices State And 1 - ER State And 1 - | PLEASE READ ALL II | A DA DEPARTMENT Kalbe ine Harri | OF STATE | MPLETING TH | IS FORM. | 0 | |
| Comparison Name Saure Corporation Saure Corporation Saure Corporation Saure Corporation Saure Corporation Saure | REINSTATEMENT | • | ľ | | FILED | | |
| Comparison Name Saure Corporation Saure Corporation Saure Corporation Saure Corporation Saure Corporation Saure | DOCUMENT #598311 | ······································ | | 99 AP | R 26 PM 1:4 | 1 | |
| Findings Place of Business 3SSQ S. Orange Ave. Oblands, F. 1. 32586 407 245 745 C. Habore addresses all increases in year, the importance information and enforce controllar business. 2 New Principal Office Address of Agricultie 3 New Making Office Address. If Agricultie 3 New Making Office Address. If Agricultie 3 New Making Office Address. If Agricultie 3 No. Agricultie 4 Dec Incognosted of Optimes 7 To be flavored, in I south 7 To be flavored, in I south 7 To be flavored, in I south 8 South Agricultie 8 South Agricultie 9 No. Agricultie 1 South Agricultie 1 South Agricultie 9 No. Agricultie 1 South | Corporation Name | | | | | | |
| 3 SSS S. Orange AVE OFLands, F. (32866 Wabout addresses de recreation may mine through incorrect information and enter correction below. 2 New Principal Office Agrees. If Agricultus Signature of the Manifest of Control of the Manifest of Control of C | · Sayre Corporation |) | | TÄÜLA | HASSEE, FLORI | DA | |
| OFLands , FL 32806 If above additions for extraction may vary the through incorrect information and edite correction before 2. New Principal Office Additions if Applicable 3. Rev Mailing Office Additions if Applicable 3. Rev Mailing Office Additions if Applicable 3. The Value of Office Additions of Country 4. The Value of Office Additions of Country 5. The Value of Office Additions of Country 5. The Value of Office Additions of Country 6. Name and Address of New Registered Agent 6. Name a | Principal Place of Business Mailing | Address | | | | | |
| ## Above althouse an excension to my year, the through incorrect information and enfor correction below. 2. New Principal Office Address, if Applicable. 3. New Maring Office Address, if Applicable. 5. Suite, April in etc. 5. Suite, April in e | | | | | | | |
| 2. New Principal Office Address. If Applicable Suite. Apt. F. (c) Suite. Apt. F. (c) | 1 20. | | | | | | |
| Suite Apt #, etc City & State City & State | | | | | | , | |
| Country Cou | | | ісавіе 4. | Date Incorporated or Qua To Do Business in Florida | | / | |
| Support Supp | | | 5 | FEI Number 471 | | Applied For | |
| 7. Names and Steel Addresses of Each Officer and on Director (Florida nonprolif corporations must list at level 3 directors) Sheer Address of Each Name of Officers Andro Directors 1 | | | r | | \$8.75 Additi | <u> </u> | |
| Name and Address of Current Registered Agent Super Address of New Registered Agent Name and Address of New Registered Agent Name Super Address of New Registered Agent Name Super Address of New Registered Agent Name Nam | 7 Names and Street Addresses of Each Officer and/or Director | (Florida nongrofit corporations | s must list at least 3 | | for a Certi | ficate of Status | |
| PH Lance Sayre 9111c mossy Oak Lane Clermant, F1 34711 Clermant, F1 34711 DDDDDDS59460—4 -04/30/39-01143-018 *****465.00 ******465.00 ******465.00 ******465.00 ******465.00 ******465.00 ******465.00 ******465.00 ******465.00 ******465.00 ******465.00 *******465.00 ********************************** | Name of Officers | Street A Officer | address of Each | 1 | City / State / Zip | | |
| VIS Jeanette Sayre 91114 mossy oak line Clermont, F1 34711 DDDDD2859460 4 -04/30/3901143018 ****465.00 ******465.00 ******465.00 ********************************** | $\rho/_{\sim}$ | • | | t t | 1001. FL 34 | 7(1 | |
| 8. Name and Address of Current Registered Agent Park 4 | Lance Sayre | | | Ì | | | |
| 8. Name and Address of Current Registered Agent Park 4 | V/S Jeanette Sayre | MILL MOSS | JOAK Lav | Clerm | iont, FI 34 | 1711 | |
| 8. Name and Address of Current Registered Agent Lance Saure Gillo Mossi, Crail Care Gillo Mossi, Manueller is Not Acceptable) State Apr. II. Etc. City State Apr. II. Etc. City State Apr. II. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No State Care State Tay Code FL State Tay Code | | | • | <u>obooc</u> | 285946 | n4 | |
| 8. Name and Address of Current Registered Agent Street Address of New Registered Agent | | | | -04/ | /30/99~-01143 | 018 | |
| Lance Saure Gillo Mossic Carlo Lance Gillo Mossic Carlo Lance Gillo Mossic Carlo Lance Clermant, Fl 32806 State 32906 State 240 Code FL State 240 Code FL Signature of Registered Agent 10. This corporation owes the current year Intangible Personal Property Tax due June 30. 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 12. Locally that Lam 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 0101 or 617.0101, 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: State 240 Code FL | | | | [2.4.4 | ************************************** | 0.869 | |
| Lance Saure Gillo Mossic Carlo Lance Gillo Mossic Carlo Lance Gillo Mossic Carlo Lance Clermant, Fl 32806 State 32906 State 240 Code FL State 240 Code FL Signature of Registered Agent 10. This corporation owes the current year Intangible Personal Property Tax due June 30. 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 12. Locally that Lam 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 0101 or 617.0101, 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: State 240 Code FL | | | | | | 18X va | |
| Lance Saure Gillo Mossic Carlo Lance Gillo Mossic Carlo Lance Gillo Mossic Carlo Lance Clermant, Fl 32806 State 32906 State 240 Code FL State 240 Code FL Signature of Registered Agent 10. This corporation owes the current year Intangible Personal Property Tax due June 30. 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 12. Locally that Lam 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 0101 or 617.0101, 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: State 240 Code FL | | | | | / | inter | |
| Lance Saure Gillo Mossy Crat Crate Cermont, Fl 32806 Street Address (P.O. Box Number is Not Acceptable) State Zip Code To I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607 0505. F.S Signature of Registered Agent 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No Section 607 or 617 F.S. I further certify that when fling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfacts the requirements of section 607 0101 or 617 0101. 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 early SIGNATURE: Struct Address (P.O. Box Number is Not Acceptable) State Zip Code FL Zip Code Zip Code FL Zip Code Zip Code FL Zip Code Zip Code FL | Name and Address of Current Registered | I Agent | 9. | Name and Address of Ne | w Registered Agent | V | |
| City State Tip Code 10. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607 0505, F.S. Signature of Registered Agent This corporation owes the current year Intangible Personal Property Tax due June 30. 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 12. 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 oliminated, the corporate name satisfies the requirements of section 607 (160) or 617, O401, 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: City Code FL Zip Code | Lanca Saure | | | | | | |
| City State Tip Code 10. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607 0505, F.S. Signature of Registered Agent This corporation owes the current year Intangible Personal Property Tax due June 30. 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 12. 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 oliminated, the corporate name satisfies the requirements of section 607 (160) or 617, O401, 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: City Code FL Zip Code | gille mossey Oak Lane | | | | | 10000 | |
| 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 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 12. 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 plained and the names of individuals listed on this form do not qualify for an exemption under section 607 0101 or 617.0001, 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: Comparison for the registered agent of the above named corporation and accurate. All 1999 477 240 7000 | Clermont, F1 32806 | | | | | | |
| Signature of Registered Agent 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 12. Loertly that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for inchapter 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 617.001, 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: 4/19/99 477 240 7000 | 10. I have appointed the reputerodagget of the show named | | | some of Control (127 fix fix.) | FL | 36 | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible lax.) 12. Lordly that Lam 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 617,001, 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: 4/19/99 477 240 7000 | Signature of Benistered Apent | · | а иссерт те осліда: | | 1 . | | |
| Intangible Personal Property Tax due June 30. Yes No minimal to the intermediate lax.) 12. 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 plained 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: A 1999 407 240 7000 | REGISTERET | | | 27.77 | desitt | 1 | |
| this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 (401 or 617,0401, £.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) £.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: Capable South Sout | | | Yes 🗌 | No 💢 | | | |
| SIGNATURE: SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/19/99 407 240 7000 | this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 (401 or 617,0401, £.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 | | | | | | |
| | | Jeanthi S of signing officer or direc | ayll. | 4/19/9 | 9 407240 | 17(KY) | |

Equipment

3559 South Orange Avenue Orlando, FL 32806 Phone (407) 240-7400 Fax (407) 240-7409

April 21, 1999

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Examiner,

Enclosed, please find my reinstatement application as well as my check for 465.00. I wish to explain my situation and request a forgiveness of penalties.

We have been a Corporation since 1991. I just discovered through the website that our status had become inactive due to not filing our annual report. I have not received any requests(forms) from the state and always relied on an outside accountant to manage those services, however, he did not. We have always filed and paid the tangible and intangible taxes, without knowing that there was a problem with our corporate status. It was not our intention to let that lapse and wish to reinstate immediately, however, the penalties are overwhelming.

Thank you for your consideration,

Jeanette Sayre