

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 598311

1. Corporation Name

Sayre Corporation

Principal Place of Business

Mailing Address

3559 S. Orange Ave.
Orlando, FL 32806
407 240 7400

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/91

5. FEI Number

593 171018

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/T	Lance Sayre	9116 Mossy Oak Lane	Clermont, FL 34711
V/S	Jeanette Sayre	9116 Mossy Oak Lane	Clermont, FL 34711

000002859460--4
-04/30/99--01143--018
****465.00 ****465.00

788
4/20/99

8. Name and Address of Current Registered Agent

Lance Sayre
9116 Mossy Oak Lane
Clermont, FL 32806

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/20/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 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)(ii), 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] Jeanette Sayre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 407 240 7400
Date Daytime Phone

HealthTechSM

Medical Equipment Services

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

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April 21, 1999

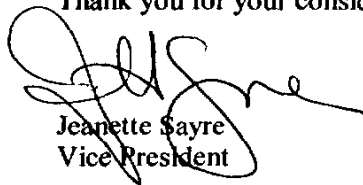
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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
Vice President