

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V24893**

1. Corporation Name

S & S TROPHY MANUFACTURING, INC.

Principal Place of Business

Mailing Address

4350 N.W. 43RD ST

P.O. BOX 466

~~STE 4~~
COCONUT CREEK FL 33073

~~STE 4~~
BILOXI MS 39533

US

US

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

03/25/1992

5. FEI Number

65-0325819

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	FOSTER, HOWARD F.	4350 NW 43RD ST	COCONUT CREEK FL 33073
T	FOSTER, HOWARD F.	4350 N.W. 43RD ST	COCONUT CREEK FL 33073

400024188344
10/28/03--01013--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOSTER, HOWARD F.
4350 N.W. 43RD ST
STE 4
COCONUT CREEK FL 33073

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. or 617.0505, F.S.

Signature of
Registered Agent

Howard Foster
REGISTERED AGENT MUST SIGN

Date 10/24/03

11. 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:

Howard Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03

Date

(228) 374-4038

Daytime Phone #

CR2E040 (7/03)

TO WHOM IT MAY CONCERN,

I DID NOT RECEIVE THE PRIOR TWO
U.B.R. NOTICES. I SEE THAT THE ADDRESS STILL HAD
STE 4 ON THEM, WHETHER THAT WAS A FACTOR OR
NOT I HAVE NO IDEA. PLEASE SEND ALL FORMS FOR
THIS CORPORATION TO PO. BOX 466 BILBA, MS
39533, THAT IS WHERE I RECEIVE ALL MY
MAILING INFORMATION AT.

Howard Fort