

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V48612	
1. Entity Name S.A.S. REALTY CORP	



FILED  
04 DEC 13 PM 4:03

Principal Place of Business 108 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 108 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714 US
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2. Principal Place of Business 1101 EDEN ISLE BLVD. NE #1 Suite, Apt. #, etc. #1	3. Mailing Address 1101 EDEN ISLE BLVD. NE #1 Suite, Apt. #, etc. #1
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City & State ST. Petersburg, FL	City & State ST. Petersburg, FL
Zip 33704	Zip 33704
Country	Country

07/12/04 90011034-150  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11182004 REIN-P	CR2E098 (6/04)
4. FEI Number 59-3107958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDREWS, ELEANOR 1101 EDEN ISLE BLVD. NE #1 SAINT PETERSBURG, FL 33704
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7. Name and Address of New Registered Agent Name: ELEANOR Alderson Street Address (P.O. Box Number is Not Acceptable): 1101 EDEN ISLE BLVD. NE #1 City: ST. Petersburg, FL Zip: 33704
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: Eleanor Alderson (NOTE: Registered Agent signature required when reinstating) DATE: 12-3-04

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DANNY PO BOX 154 ELM MOTT, TX 76640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALDERSON, ELEANOR 1101 EDEN ISLE BLVD. NE #1 SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: Danny Williams President DATE: 12-3-04 DAYTIME PHONE #: 254-829-2479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY WILLIAMS, President

November 1, 2004

Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

S.A.S. Realty Corporation  
1101 Eden Isle Blvd. NE # 1  
St. Petersburg, FL 33704

Dear Sirs,

I am corresponding about the dissolution/revocation notice I received from you today. Our former CPA, Antonio Lemus was terminated in August 2003 but mail from you continued to go to him and he did not forward it to the Secretary-Treasurer in Texas. In July we realized that the yearly Corporate Report for 2004 had not been filed with the \$150.00 fee. The Secretary-Treasurer who lives in Texas called Tallahassee to find out what needed to be done to file the report. She was told to download the report off the website and send the \$150.00 fee with a note explaining why it was late. She mailed the form and check in July 2004 showing a change of address from 108 Marcia Dr., Altamonte Springs, FL 32714 to 1101 Eden Isle Blvd. NE # 4, St. Petersburg, FL 33704. In reviewing the form now for the first time I notice the name and address for myself is incorrect. It should be **Eleanor Alderson**, 1101 Eden Isle Blvd. NE # 1, St. Petersburg, FL 33704. Since the form was sent from Texas by the Secretary-Treasurer box 8 was overlooked and not signed. I never received a correction letter from you and assumed everything was taken care of because the check had been cashed. Apparently the correction letter was not delivered to me because of an incorrect address. I called the Tallahassee office this morning and asked how to resolve this matter and they said to send

## IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.  
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in blocks 8 & 12.
- \* The fee to reinstate is \$750.00, if submitted after Jan. 1, an additional \$150.00 will be due. If a certificate of status is desired, please add an additional \$8.75.

- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6050, or download forms at [www.sunbiz.org](http://www.sunbiz.org).
- Block 2 & 3. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6. The law requires that each entity have a Registered Agent with a **Florida street address**. If the information in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.
- Block 7. If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a **Florida Street address**. A P.O. Box or mail service (PMB) is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.
- Block 8. The Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating unless Chief Financial Officer is pre-printed.**
- Block 10. Block 10 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 11. **Please do not make any marks in Block 10 unless deleting an officer; corrections or additions are to be made in Block 11.**
- Block 11. Block 11 is for changes or additions to the existing Officers/Directors in Block 10. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* **NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER.** **NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(j), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10, 11 or on an attachment is an affirmation under oath that no other address is available.**
- Block 12. **This report must be signed in Block 12** with an original signature by an officer/director of the entity that is listed in Block 10, Block 11 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

### Mail completed reinstatement to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Courier Address:** (overnight delivery)  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

### Questions?

Phone: (850) 245-6056

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

### INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.