

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 # **V55926**

1. Corporation Name

SLH COS., INC.

W05-52344

Principal Place of Business

Mailing Address

981-3 HWY 98E
#277
DESTIN FL 32541

981-3 HWY 98E
#277
DESTIN FL 32541

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

08/07/1992

5. FEI Number

59-3137464

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARDING, MARTHA C.	981-3 HIGHWAY 98 E #277	DESTIN FL 32541
D	HARDING, STEVEN L	981-3 HIGHWAY 98 E #277	DESTIN FL 32541

300062123333
12/13/05--01048--016 **1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEIFER, BRYAN J.
126 N.E. EGLIN
FT. WALTON BCH-FL 32548

Name

Harry E. Barr

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

1201 Eglin Parkway

Suite, Apt. #, Etc.

City

Shalimar

State

FL

Zip Code

32579

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

Harry E. Barr

REGISTERED AGENT MUST SIGN

Date **11-16-05**

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:

Steven L. Harding

Steven L. Harding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/05 (850) 420-3386

FILED

05 DEC -5 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03-05