

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V61979**

1. Corporation Name

SAVE A WHOLE PRODUCTS

FILED

37 SEP 17 PM 12:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**88 BANFILL ST.
SANTA ROSA Bch. FL. 32459**

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

62-1508507

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	A. F. CASEY SR.	88 BANFILL ST.	SANTA ROSA Bch. FL 32459
			300002296153--3
			-09/17/97--01114--002
			*****365.00 *****365.00
			300002296153--3
			-09/17/97--01114--003
			*****8.75 *****8.75
			KA
			AT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name A. F. CASEY SR.
Street Address (P.O. Box Number is Not Acceptable) 88 BANFILL ST.
Suite, Apt. #, Etc. —
City SANTA ROSA Bch.
State FL
Zip Code 32459

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

X
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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.

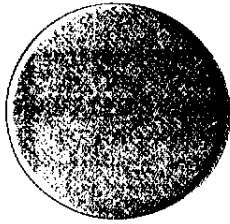
SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2



September 12th 1997

SAVE-A-WALL
PRODUCTS CORPORATION

Division of Corporations
409 East Gaines
Tallahassee Fl. 32399

RE/ SAVE A WALL PRODUCTS CORPORATION

To Whom it may concern,

We are writing to advise SAVE A WALL PRODUCTS desires to reinstate status as an ACTIVE CORPORATION, In addition I A.F. CASEY DID NOT RECIEVE THE REQUIRED ANNUAL REPORT TO DO SO FOR THE CALENDER YEAR 1996.

We would greatly appreciate any assitance you could offer to help us with this RENEWAL. I AM.

Yours Very Truly,

A.F. Casey Sr.