

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # V70608

1. Corporation Name

S & F INNOVATIONS, INC.

Principal Place of Business

1602 3RD AVENUE
TAMPA FL 33605
US

Mailing Address

1602 3RD AVENUE
P. O. BOX 298
TAMPA FL 33605
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.

4413 WALVA ST

City & State
TAMPA FL

Zip Country
33614 USA

Suite, Apt. #, etc.

4413 W. ALVA ST

City & State
TAMPA FL

Zip Country
FL 33614 USA

4. Date Incorporated or Qualified
To Do Business In Florida

10/06/1992

5. FEI Number

59-3130471

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHIRE, WILLIAM	12121 LITTLE RD	HUDSON FL 34667 400002368074-3 -12/10/97--01051--003 ****585.00 ****585.00
D	SHIRE, JULIE	12121 LITTLE RD	HUDSON FL
CP	OLIVER, JOSEPH	12121 LITTLE ROAD	HUDSON FL
			400002368074-3 -12/10/97--01051--004 ****165.00 ****165.00

REINSTATEMENT

G. alay
12/5/97

8. Name and Address of Current Registered Agent

SHIRE, WILLIAM
12121 LITTLE RD
HUDSON FL 34667

9. Name and Address of New Registered Agent

Name

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

4413 W ALVA ST

Suite, Apt. #, Etc.

TAMPA

City

FL

State

Zip Code

33614

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 William Shire*

Date 11-18-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(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 William Shire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-97

Date

Daytime Phone #

CP2E040 (8/97)