

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 DEC -5 PM 2:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V70608**

1. Corporation Name
S & F INNOVATIONS, INC.

Principal Place of Business	Mailing Address
1602 3RD AVENUE TAMPA FL 33605 US	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	4. Date Incorporated or Qualified To Do Business In Florida 10/06/1992
Suite, Apt. #, etc. 4413 WALVA ST	Suite, Apt. #, etc. 4413 W. ALVA ST	5. FEI Number 59-3130471
City & State TAMPA FL	City & State TAMPA FL	Applied For <input type="checkbox"/>
Zip 33614	Zip FL 33614	Not Applicable <input type="checkbox"/>
Country USA	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

a. 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 FL 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)(f), 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* Date **11-18-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)