

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

98 DEC -4 AM 8:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000024586**

1. Corporation Name  
**SOUTHERN CONTRACTING OF AMERICA, INC.**

Principal Place of Business 2601 HIGHWAY 67 EAST RUSKIN FL 33570	Mailing Address POST OFFICE BOX 1377 RUSKIN FL 33570
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 03/20/1996
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5. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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	DRIGGERS, DEAN	2601 HIGHWAY 67 EAST	RUSKIN FL 33570
			100002709081--9 -12/10/98-01071-021 ***1500.00 ***750.00

8. Name and Address of Current Registered Agent

**DRIGGERS, DEAN**  
 2601 HIGHWAY 67 EAST  
 RUSKIN FL 33570

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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: **SIGNATURE REQUIRED** Date: 12/2/98  
 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: SIGNATURE REQUIRED** 12/2/98 913-645-6488  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)