

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 18 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 159280

1. Corporation Name

South State Brokerage Co.

2. Principal Office Address - No P.O. Box #

365 So. Lake Shore Way

3. Mailing Office Address

157 Lake Otis Rd., S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Alfred, FL

City & State

Winter Haven, FL

Zip

33850

Country

USA

Zip

33884

Country

USA

REINSTATEMENT 09-11

400210037164
07/15/11--01030--002 **1058.75
CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

October 11, 1949

5. FEI Number
59-0618354

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James W. Gray, Jr.

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

157 Lake Otis Road, S.E.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James W. Gray, Jr.

REGISTERED AGENT MUST SIGN

Date **7-11-2011**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	James W. Gray, Jr.	157 Lake Otis Rd, S.E.	Winter Haven, FL 33884
VSD	John H. Gray	126 Odin Drive, S.E.	Winter Haven, FL 33884

10. E-mail Address: **J GRAY JR@Tampabay.rr.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *James W. Gray, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-2011
863-293-2161