

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **181966**

1. Corporation Name

SOUTHERN SUPPLY AND MANUFACTURING CO INC

Principal Place of Business

1501 22ND STREET N.
P.O. BOX 10066
ST PETERSBURG FL 33713

Mailing Address

POST OFFICE BOX 10066
ST. PETERSBURG FL 33733
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Handwritten signature]

FILED

02 OCT 23 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1954

5. FEI Number

59-0725291

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	4 City / State / Zip
SD	O'BRIEN, HELEN G	2700 DRIFTWOOD RD SO	ST PETERSBURG, FL 00000
PD	O'BRIEN, R.B., JR.	2720 DRIFTWOOD RD.	ST. PETERSBURG FL
ST	BERNER, CANDACE	2720 DRIFTWOOD RD S	SAINT PETERSBURG FL 33705

200008540732
10/23/02--01018--002 **150.00

8. Name and Address of Current Registered Agent

O'BRIEN, R. B., JR.
2720 DRIFTWOOD RD SO
ST PETERSBURG FL 33705

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2ED40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date

10/21/02

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., 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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

727-343-7099

20x2

SOUTHERN SUPPLY AND MANUFACTURING COMPANY, INC.
1501 - 22ND STREET NORTH • P.O. BOX 10066 • ST. PETERSBURG, FLORIDA 33733



Phone: 727-323-7099

727-327-0757

Fax: 727-323-4316

goldsealcutlery@msn.com
www.goldseal.com

October 21, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Enclosed please find our completed "Application for Reinstatement" and check for \$150.00. To the best of our knowledge we did not receive the uniform business report notices. We have searched our files and find no record of these notices. Please return our corporation to active status. Thank you for your help in this matter.

Sincerely,

-R. B. O'Brien, Jr. (Roby)
President
Southern Supply & Mfg. Co., Inc.