

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 NOV 14 AM 10:38

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800214271358

11/14/11--01065--006 **750.00

CR2E081 (11/10)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 295472

1. Corporation Name

SOUTHERN PLASTICS & RUBBER CO.

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

565 PARQUE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

565 PARQUE DRIVE

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/01/1961

5. FEI Number

59-1292609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK NOCE

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

565 PARQUE DRIVE

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent*Frank Noce*

REGISTERED AGENT MUST SIGN

Date *Nov. 9 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
P D	NOCE, FRANK	565 PARQUE DRIVE	ORMOND BEACH, FL
S D	NOCE, SANDRA	565 PARQUE DRIVE	ORMOND BEACH, FL

10. E-mail Address: *Ray.SouthernPlastic@ATT.net*

(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 807 or 817, 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 807.0401 or 817.0401, 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:

Frank Noce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *Nov. 9 2011**386-622-1167*
Daytime Phone #