

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 22 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 413663

**1. Corporation Name**

Southern Room II, Inc.

300003328733--2

-07/19/00--01118--012

\*\*\*1350.00 \*\*\*1350.00

**2. Principal Office Address**

345 S. Washington Ave.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Zip

32796

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/28/72

**5. FEI Number**

59-1458489

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

Robert W. Carouthers

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

2240 Arizona Terrace

Suite, Apt. #, Etc.

Titusville

City

Titusville, FL

State

FL

Zip Code

32780

**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

*Robert W. Carouthers*

Date 6-20-2000

REGISTERED AGENT MUST SIGN

**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
D/P/S	Robert W. Carouthers	2240 Arizona Terrace	Titusville, FL 32780

REINSTATEMENT 96-00 TS

**10. 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:

*Robert W. Carouthers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-2000

Date

Daytime Phone #

CR2E081 (9/99)