

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 550121		1. Corporation Name <b>SOUTHERN FOLIAGE AND LINER, INC.</b>	
Principal Place of Business 800 S. FLAMINGO RD. DAVIE FL 33325		Mailing Address 800 S. FLAMINGO RD. DAVIE FL 33325	
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 Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 10/26/1977	
		5. FEI Number 59-1780078	
		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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MEARS, ALBERT C JR.	800 S. FLAMINGO RD.	DAVIE FL 33325
ST	MEARS, ALBERT C SR.	5740 S.W. 130TH AVE.	FT. LAUDERDALE FL 33330
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MEARS, ALBERT C JR. 800 S. FLAMINGO RD. DAVIE FL 33325 5740 S.W. 130th Ave. South West Ranches FL 33330		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 Albert C. Mears Jr. REGISTERED AGENT MUST SIGN		Date Dec. 29 2003	
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 Albert C. Mears Jr. ALBERT C. MEARS JR		Date Dec. 29 2003 12/29/2003 9544346218	

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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