

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 27 PM 1:32

DOCUMENT #

564823

1. Corporation Name

SOUL EAST, INCORPORATED

2. Principal Office Address

18721 NW 11TH PLACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Zip

33169

Country

USA

Zip

Country

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

1977

5. FEI Number

59-1816743

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

DAVID L. GARRETT

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

18721 NW 11TH PLACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33169

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

David L. Garrett

Date

01-19-02

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
PRES	DAVID L. GARRETT	18721 NW 11 PLACE	MIAMI, FL 33169
V.P.	MERCEDES GARRETT	18721 NW 11 PLACE	MIAMI, FL 33169
DIR	TANYA Y. GARRETT	18721 NW 11 PLACE	MIAMI, FL 33169
DIR	DWAYNE D. GARRETT	18721 NW 11 PLACE	MIAMI, FL 33169
DIR	ANGELA R. GARRETT	18721 NW 11 PLACE	MIAMI, FL 33169
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-19-02 (305) 59-2811

CR2E081 (9/01)