

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 616509

1. Corporation Name

Southern Dairies of Florida Inc.

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

7811 NW 85th Ave.

Suite, Apt. #, etc.

City & State

Tamarac Florida

Zip

33321

Country

USA

3. Mailing Office Address

7811 NW 85th Ave.

Suite, Apt. #, etc.

City & State

Tamarac Florida

Zip

33321

Country

USA

7. Name and Address of Current Registered Agent

Name

Michael Lipitz

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

7811 NW 85th Ave.

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

Date 01/15/2010

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
DP	Michael Lipitz	7811 NW 85th Ave	Tamarac, FL 33321

10. E-mail Address: cone937@aol.com

(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 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LIPITZ

01/15/2010 954-701-0676

Date

Daytime Phone #

FILED

10 JAN 21 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-10

700166852767

01/21/10--01041--021 **900.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 04/05/1979

5. FEI Number

59-1902678

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.