

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 10 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 639905

**1. Corporation Name**

Southern Latch Mfg., Inc.

400023706054  
10/10/03--01036--010 \*\*158.75

**2. Principal Office Address**

6100 U.S. 1 North

Suite, Apt. #, etc.

Building F

City & State

St. Augustine, FL

Zip

32095

Country

USA

**3. Mailing Office Address**

6100 U.S. 1 North

Suite, Apt. #, etc.

Building F

City & State

St. Augustine, FL

Zip

32095

Country

USA

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

10/17/1979

**5. FEI Number**

59-1976661

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

Sally Cox

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

6100 U.S. 1 North

Suite, Apt. #, Etc.

Bldg. F

City

St. Augustine

State

FL

Zip Code

32095

**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

*Sally Cox*

Date 10/8/2003

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
V/D	Randall J. Cox, Sr.	100 River Landing Dr.	St. Augustine, FL 32095
S/T/D	Sally Cox	2870 Lewis Speedway	St. Augustine, FL 32095
D	Michael R. Cox	241 Redfish Creek Dr.	St. Augustine, FL 32095

**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:

*RJ Cox*

Randall J. Cox, Sr. 10/8/03 (904) 824-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 10/13



**Southern Latch Manufacturing, Inc.**

October 8, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document #639905

To Whom It May Concern:

Enclosed please find our corporation reinstatement application. Also enclosed is our check in the amount of \$158.75 (\$150.00 plus \$8.75 for a certificate of status). We are remitting the fee of \$150.00 because we never received our 2003 Uniform Business Report (UBR) by mail.

Sincerely yours,

Randall Cox  
Vice President