

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUN 14 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

F59979

**1. Corporation Name**

Southern Land Concepts, Inc.

**2. Principal Office Address**

9909 N Cove Avenue

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32534

Country

Escambia

**3. Mailing Office Address**

9909 N Cove Avenue

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32534

Country

Escambia

**REINSTATEMENT**

90-01

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

12/29/81

**5. FEI Number**

592242210

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

W. R. Ward

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

8630 Rease Seales Road

Suite, Apt. #, Etc.

City

Walnut Hill

State  
**FL**

Zip Code

32568

**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

*W. R. Ward*

Date 6-12-01

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.	W. R. Ward	8630 Rease Seals Road	Walnut Hill, FL 32568
V.Pres	Betty Healey	9909 N.Cove Avenue	Pensacola, FL 32534
Sec	J. E. McDaniel	8630 Rease Seales Road	Walnut Hill, FL 32568

**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

6-12-01

Date

(850) 478-8783

Daytime Phone #

CRCE001 (9/00)